y is necessary, please exe-director. Page 4 shauld be executed within 24 haurs after death. If any wis necenter 18. Give Pages 1, 2, and 3 ta the funes, director, ith farm PM3. Page 5 may be retained for your files can't be pages 1 and 2 with the registrar priar to TO DEPLY MEDICAL EXAMINER: This certificate should be executed vacute certificate, writing the ward "pending" in pencil in Item 18. forwersed to the Chief Medical Examiner's Office along with form PA TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit

Hour

o. m.

220. BURIAL, CREMATION, 226. DATE THEREOF

MARYLAND S	TATE DEPARTME	NT OF HEALT	H-BALTIA	MORE, 18	1		
7510 MEDICAL	EXAMINER'S		TE OF DE	ATH	Reg. Dist. No	07	496
PLACE OF DEATH  a. COUNTY  Allegany	MARYLAND	2. USUAL RESIDENCE (V		L COUNTRY	Residence be		issian)
b. CITY OR TOWN (It outside corporate limits, write BURAL ond give nearest town)  Cumberland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate			~	wrs)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp DOA Memorial Hospital	ital, give street address)	d. STREET ADDRESS Route 4,		î			A FARM?
3. NAME OF First DECEASED (Type or print) JANIE	Middle	Lost BAKER	4. DATE OF DEATH	Month Jij7 v	<b>Doy</b>		9 60
5. SEX 6. COLOR OR RACE 7. MARRIEE WIDOWED		DATE OF BIRTH	1880 79	birthdoy) Ms	under IYEAR	IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  Own	nd of Business or Industri home	Ohio	ar fareign country	)	12. CITIZEN O	F WHAT	COUNTRY?
13. FATHER'S NAME  George W. Piper		14. MOTHER'S MAIDEN N	wame te Mansfi	eld			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St (Yes, no, or unknown) (If yee, give wor or dates of service) NO		PORMANT ert H. Baker		Address	erland.	Md.	
210 1	r (0), (b), and (c).] RONARY OCCLUS	ION			INTE	TAND DE	ATH
gave rise to immediate cause	RONARY SCLEROS	SIS			-		-
(a), stoling the underlying DUE TO couse last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CON	IDITION GIVEN	IN PART 1(a) 1		
200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	HOW INJURY OCCURRED. (En	eter nature of injury in Parl	I ar Part II of ite	m 18.)	],	PERFO (ES	NO.

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) 20f. (City or town)

Not while at work at work p. m. 21. I certify that I taak charge of the remains described above, held on Autopsy [], Inspection X. Inquiry X, and find that

death resulted from: Natural causes K. Accident [ Suicide . Undetermined cause Hamicide ,

ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type)

BENEDICT SKITARELIC. M.D. July 30, 1960 DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Sunset Memorial Park Aug. 2.1960 Cumberland, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

Byron Kight Cumberland, Md.

While

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATAUG 3

(County)

(State)

DATE SIGNED

(State)

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

			CERTIFICA	CIE OF	DEATH			(	0 70	
PLACE OF DEATH					ESIDENCE (W	here decease	d lived. If instituti	on: Residence	before odr	nission)
	FGANY		MARYLAND	O. SIAIE	MARYLA	ND	b. COUNTY	ALLEGA	NY	
b. CITY OR TOWN (I	Foutside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY C	R TOWN (If	outside corpo				own)
CUMBERL	A ND		7 DAYS	3	LONACO	NING.				
		give street	address)	d. STREE					e, IS	RESIDENCE N A FARM?
MEMOR L	AL & WARWI	CK AV	ES.	1	781 DO	UGLAS	AVE.			NO X
NAME OF DECEASED			Middle			4. DATE			Day	Yeor
	VEI	KNA	М.	BA	RCLAY	DEATH	JULY		1	1960
SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF B	IRTH		9. AGE (In years lost birthday)			
FEMALE	WHITE	WIDOW	ED DIVORCED	11-7-	1891_		68 yrs.		7473	15 14111.
			KIND OF BUSINESS OR INDI	USTRY 11. BIRT	HPLACE (State	e or foreign c	country)	12. CITIZ	EN OF WHA	TCOUNTRY
		,		LO	NA CON I	NG, MD			U.S.	A
RICHARI	GARLITZ			S	USIE P	LUCKER				
			SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		
s, no, or unknown)	(If yes, give war or dates of	service)		MEMORIA	L HOSP	TAL.	CUMBER	LAND.	MD.	
18. CAUSE OF DEA	TH   Enter only one o	ouse per li		2	-				INTERVAL	BETWEEN
	TH WAS CAUSED BY:	3	Engione Borre	L						
the said			101	A . "	7		0 * .	Time		1 3
Conditions	- Tubinh	2	mboli, mesent	one on	cery "	nd pu	inonic o	way	10 0	up .
gove rise to i	mmediate (		~ 1 1			, ,	. 1	.0	-	10. 1
	the under-	Ay	vertisis and and	mirele	vilu G	nurt	risentes	arsen	) 6	jeva,
	HER SIGNIFICANT COL	NDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERM	AINAL DISEAS	E CONDITION GIV	VEN IN PART	1(o) 19. W.	AS AUTOPSY
_0	len. an	701	or On wain							REFORMED?
20a. ACCIDENT WA	S UNDERLYING			ED. (Enter notus	e of injury in	Fort 1 or Por	rt II of item 18.)			0 - 1
OR CONTRIBUTING	MEDICAL EXAMINER									
			INIURY OCCUPRED 20e. F	PLACE OF INJUR	Y (Home, for	m. 120f (Cir	v or town)	ICI	(vinue	(Stole
Hour o.m.	10	While	Not while f				,,	,	,1	faran
p. m.	17			4 0 2 4 4		3 /2	1 1 1	,		
21. I certify the	it (1) (this haspite	i) atten	ded the deceased fram	23 81 m	19	,.ta_	18 44	19.4	4 that (	1) twel las
saw the deceas	sed alive anL	duy	19.60 and that	death accur	red at 4:	3M, PMm	the causes ar	nd an the	date sta	ted abave
220. SIGNATURE	· alpor	Vo	norma	M.D. ATTENE	DING N	MED.	STAFF PHYS.			226, DATE SIGNE
22c. PHYSICIAN'S	1-									
NAME (Type)	DR. ALFRED	VAN	ORMER	122	S. CE	NTRE S	T. CUMB	ERLAND	. MD.	
BURIAL CREMATIC	N. 236. DATE THERE	OF	23c NAME OF CEMETERY							Stote)
REBOYT Paly									).	
FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25o. PF6				NATURE	
	_	173	7.	or MD						
	D. CITY OR TOWN (INTERLATION OF TOWN (INTERLATION)  INTERLATION OF HOSPIT OR IMPERIORN MEMORY INTERLATION OF HOSPIT OR IMPERIORN MEMORY INTERLATION OF TOWN (IT FATHER'S NAME PART I, DEA PART I, DEA PART I, DEA PART I, DEA PART I, OTHER OF CONTRIBUTING (IF EITHER, NOTIFY OR CONTRIBUTING (IF EITHER) OR CONTRIBUTING (I	ALLEGANY  b. CITY OR TOWN (If outside corporate lime RURAL and give nearest town) CUMBERLAND  d. NAME OF HOSPITAL (If not in hospital, OR IMENION) ALLEGANY  d. NAME OF HOSPITAL (If not in hospital, OR IMENION) ALLEGASED  (If yop or print)  SEX  6. COLOR OR RACE  WHITE  1. USUAL OCCUPATION (Give kind of work during most of working life, even if retired and life to work and life	ALLEGANY b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) CUMBERLAND  d. NAME OF HOSPITAL (If not in hospital, give street OR MEMORIAL & WARWICK AV  NAME OF DECEASED (If year, and the property of the proper	DATE OF DEATH (Enter only one couse per jing for (a), (b), and (c).  The Cause of Death (Enter only one couse per jing for (a), (b), and (c).  The Cause of Death (Enter only one couse per jing for (a), (b), and (c).  The Conditions, if ony, which gove rise to immediate couse (a), stoting the undercouse (a), stoting the undercouse (a), stoting the undercouse (a), stoting the undercouse (b), stoting the undercouse (b), stoting the undercouse (b), stoting the undercouse (b), stoting the undercouse (c), stoting the undercouse (c), stoting the undercouse (b), stoting the undercouse (c), stoting the undercouse (b), stoting the undercouse (c), stoting the undercouse (b), stoting the undercouse (c), s	ALLEGANY  B. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN ALL ORD STATE (If not in hospital, give street address)  OR NETWORN ALL MOSPITAL  MEMORIAL & WARWICK AVES.  MAME OF HOSPITAL III fort in hospital, give street address)  OR NETWORN ALL & WARWICK AVES.  MAME OF DECEASED IN COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF B.	D. CIVOR TOWN If outside corporate limits, write RURAL on a day content to the NEW AND	D. CLIYOR TOWN (If outside corporate limits, write RURALD of the corporate limits, write and the corporate limits and the corporate limits, write and the corporate limits and the corporate limits, write and the corporate limits and the corporate limits and the corporate limits, write and the corporate limits and the corporate limits and the	D. COUNTY  ALLEGANY  B. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RUMA cod are going town of the complete limits, write and the comple	PLACE OF DEATH  C. COINTY  ALLEGANY  ALLEGANY  B. CITY OR TOWN! (It outlands corporate limit), write  C. LENGTH OF STAY IN 16  TO DAYS  CONTOWN! (It outlands corporate limit), write  RURAL one of the property of the posterior o	ALLEGANY  D. CITY OR TOWN (If outside corporate limits, write or LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write or LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write or LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write or LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write or LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write or RURAL and give nearest to TOWN (If outside corporate limits, write outside surface)  J. 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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1954 O

CERTIFICATE OF DEATH

07498

				CERTITION	TIL O	DEMI	•				
1	1. PLACE OF DEATH				2. USUA		Where deceased	lived. If institut		before admi	ssion)
1)	A. COUNTY	LLEGANY		MARYLAND	9, 317	MARY	/LAND	b. COUNTY	ALLE(	GANY	
/	b. CITY OR TOWN RURAL and give r	(If outside corporate limits	, write c. LEN	GTH OF STAY IN 16	c. CIT	Y OR TOWN (I	f outside corpo	rote limits, write I	RURAL ond giv	ve nearest tov	vn)
	CUMBER	LAND		B DAYS	07	CUME	BERLAND				
		TALMEMORTALL &  K & MEMORIAL			d, 51	REET ADDRESS	#1 VAI	LLEY ROAL	0	e. IS RI ON YES	A FARM?
	3. NAME OF			Middle	1 8		* * * * * * * * * * * * * * * * * * * *			-	_ 4-6
	DECEASED (Type or print)	First BE L		MAY	B4	RNES	4. DATE OF DEATH	JU		Day	19 60
	5. SEX			NEVER MARRIED	B. DATE O			9. AGE (In years		YEAR IF UNE	
	FEMALE		WIDOWED [	DIVORCED [	AUGUS	T 3. 19	905	lost birthdoy)		Days Hours	Min.
	100. USUAL OCCUPATI	ON (Give kind of work de	one 10b. KIND O	F BUSINESS OR IND			te or foreign co	ountry)	12. CITIZI	EN OF WHAT	COUNTRY
1	Housewif	rking life, even if retired)	At	home	F	ENNSYLV	/ANIA		U,	. S. A	•
	13. FATHER'S NAME				14. MO	THER'S MAIDEN	NAME				
1	JOHNSON	COLLINS			E	LIZABET	'H JOHN!	SON			
	15. WAS DECEASED EV	ER IN U. S. ARMED FORCE	vice)		INFORMAN			Ado	dress		
	No		Non	0	MEMOR	HAL HOS	SPITAL .	- CUMBER	LAND, N	10.	
	260 Conditions, if	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  DUE TO  DON, which (b).	De	abete	W	Tel	him	rigin		286	age .
	gove rise to couse (a), stating tying couse lost	the under- DUE TO	Hyper	tersus	arth	vorde	-Ja	CUI			
	NOTE PART II. OT	THER SIGNIFICANT COND	DITIONS	UTING TO DEATH BU	IT NOT RELA	TED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. WAS PERF YES [	ORMED?
	200 ACCIDENT WOR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURE	RED. (Enter n	oture of injury i	in Port I ar Par	t II of item 18.)			
	Y 20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Year	While _ N			JURY (Home, fo ), affice bldg., (		or town)	(Co	ounly)	(Stote
	21. I certify th	at (I) (this haspital)	attended the	deceased fram	6-1-1	71	126 Ota_	7/15		A that (I)	
	sew the deced	sed alive an	15_1	6 U and that	death oc	curred at2:	40PM-am	the causes a	nd an the	date state	d abave
	226. SIGNATURE	rem/	Um	one	M.D. ATT	ENDING S.	MED.	STAFF PHYS.		71	SIGNET
	722-THYSICIAN'S NAME (Type)	/ GEORGE ME	SIMON		22d.	ADDRES LG				/1	, ,
		DR. WXXXXXX	KXMXQEXMED	*		XXXXXX	XRRNXH	XXXXX, C	UMBERL	AND, M	0.
	23a, BURIAL, CREMATI REMOVAL (Specify Burial			ne Grove				Clearvi		Penna (St	ote)
1	24. FUNERAL DIRECTO		A	DDRESS	CANE UE		C'D BY REGIST		ISTRAR'S SIGN		
1	Ruth E.	Silcox	Cumberl	and Mary	land	DATE	JUL 20	'60	Orthur S	. Thous	

ATTENDING PHYSICIAN: The law requires that by the hospital or attending physician.

COLLABORATION AND COMMUNICATION OF THE PARTY The state of the s 

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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IVI	1, PLACE OF DEA

7565

may the value by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 bours ofter death.

ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

TO HOS

VR A15 (4) 15M 9/59

pris ofter death. Page 4

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Board	
the Stote	B

1, PLACE OF DEATH o. COUNTY	ALLEGANY		MARYLAND	2. USUAL RESIDENCE (V	LAND	d lived. If institution b. COUNTY		fore admis LEGA	5 T T T
RURAL ond give	(If outside corporate limits, neorest town)	write c. LENC	HRS .	C. CITY OR TOWN (IF	SAVAG		JRAL ond give r	nearest tow	m)
d. NAME OF HOSE OR INSTITUTION	TAL (If not in hospital, give ERS HOSPITA	street oddress)		d. STREET ADDRESS				ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	DORA		Middle ELLEN	BENNETT	4. DATE OF DEATH	JULY	7,	Day	Year 19 60
5. SEX FEMALE	र ता र ता क	MARRIED N	DIVORCED	MAR. 3, 18	393	9. AGE (In years lost birthdoy) 9. yrs.	Months Day	-	ER 24 HRS. Min.
HOUSEWC	rking life, even if retired)		HOME	JSTRY 11. BIRTHPLACE (Stor	AND	ountry)	U.S		COUNTRY
13. FATHER'S NAME JOHN	ORNDORFF			ELIZA C					
15, WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCE: (If yes, give wor or dates of servi-	57 16. SOCIAL S	2-3449A	FRANK BENI	VETT,	MT. SAV		D.	
Conditions, if gove rise to couse (a), statin lying couse las:	immediate DUE TO	Gene		ed Athe	rosci	lerosis		15	yr.
PART II, O				T NOT RELATED TO THE TER			EN IN PART 1(o)	PERF	ORMEDY
(IF EITHER, NOTIF	IG CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Doy, Year	20d. INJURY O	CCURRED 20e. P	ED. (Enter nature of injury in LACE OF INJURY (Home, for actory, street, office bldg., e	rm, 20f. (City	t II of item 18.)  f or town)	(Count	(y)	(Stole)
21. I certify th	ased alive an Jul	2. 19		M.D. PHYS. A	PM, fram		July	te state	
23a. BURIAL, CREMAT REMOVAL (Specif BURIAL) 24. FUNERAL DIRECTO	7-10-196	0 23c. N	THODIST	OR CREMATORY  CEMETER Y	23d. LOCA	TION (City, town, o	r county)	(Sto	ote)

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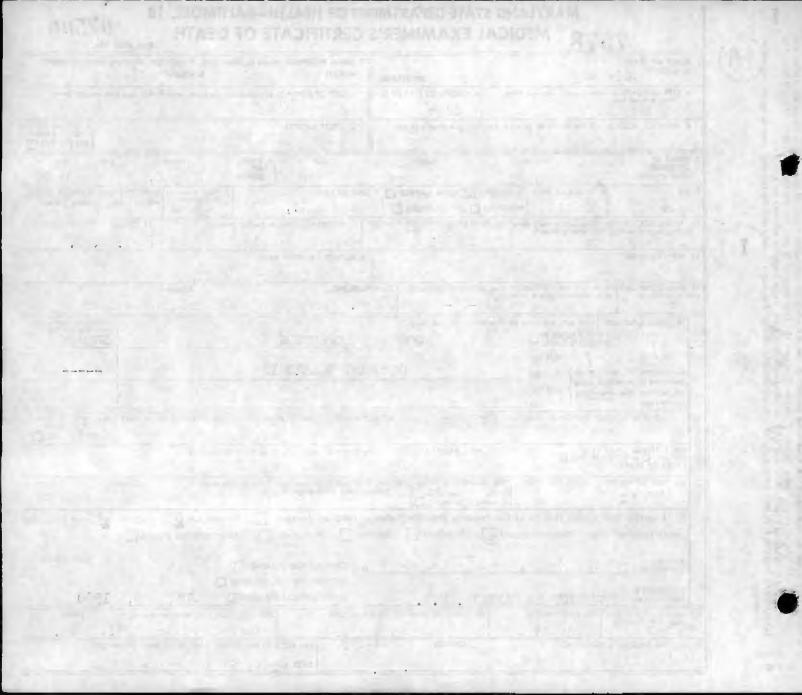
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IS DECC	rector.	99	prior lo
The state of the s	certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fun director. Page 4 should	forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1-and 2 with the registrar prior to burial.
5	the fu	Tol be	the re
2000	nd 3 to	retaine	C wife
5000	1, 2, dr	пау ре	John S
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	-	U	1 /	7.5	

	918						Reg.	Dist. No	).	
1. PLACE OF DEATH o. COUNTY Al	egany		MARYLAND	2. USUAL RESIDENCE (	Where decea	sed lived. If institu b. COUNT				fision)
Ellers	iff outside corporate limits, write) n) . 1 0	e RURAL	c. LENGTH OF STAY IN 16	Eller		porote limits, write	RURAL	ind give i	earest to	wn)
d. NAME OF HOSPI	TAL OR INSTITUTION	If not in h	ospital, give street address)	d. STREET ADDRESS					ON	A FARM?
3. NAME OF DECEASED (Type or print)	Howar		Middle Lawrence	Lost Bohn	4. DATE OF DEATH	Month July	6	Day		Year 19 60
5. SEX			RIED KNEVER MARRIED   8.	And the second		9. AGE (In years	TEUNDE	R IYEAR		DER 24 HRS
Male	White	WIDOW	ED DIVORCED	August 11,		lost birthdoy)	Months	Days	Hours	Min.
100. USUAL OCCUPATI during most of working Janitor	ON (Give kind of work ng life, even if retired)	done 10b.	ort Hill High	Penns 11		country)		U. S		COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN				0. 5	* 410	
Solomon I	John		Charles and the second	Ceti	herine	Huffman				
15. WAS DECEASED EN	FR IN U. S. ARMED FO		S. SOCIAL SECURITY NO. 17. IN	FORMANT		Address				
no	(If yes, give war or dates of	2	113-05-0854 11	rs. Clara Bo	olin !	Ellerslie	, Ma	rylo	nd	
Conditions, if coverise to imme (a), storing the couse lost.	diote cause underlying DUE TO		CORONAL	VARY SCLEROS	IS			S1	UDDE	N -
PART II. OT	USE WAS 20		CONTRIBUTING TO DEATH BUT NO BE HOW INJURY OCCURRED. (En				PA		9. WAS PERFO YES	AUTOPSY PRMED? NO.
20c. TIME OF INJU Hour e. m. p. m.		Whi		E OF INJURY (Home, forry, street, office bldg., etc	n, 20f. (Cir)	r or town)	{C	ounty)		(Stote)
death resulted			remains described abov			nspection <b>[</b> ],	_	-		
ACTUAL SIGNATURE	Denedict	SK	estarelia	M.D. CHIEF MEDICAL E	_	Ř 🗍			DATE :	SIGNED
EXAMINER'S NAME (Type)	BENEDICT SK	TTAR	ELIC. M.D.	DEPUTY MEDICAL	EXAMINER ]	JULY	8	. 19	960	
	N. 226. DATE THEREC	F	22c. NAME OF CEMETERY OR C			TION (City, town, of	or county)		(Stot	e) Be
23. FUNERAL DIRECTOR		de la companya della companya della companya de la companya della	ADDRESS UP ME		D BY REGIST					
Harvey	A Egial	Sanger of the sa	Hyndmon D.	DATE S	192 4 4 75	0 0	71 - 1	0 4	. 4	



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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

w **	CERTIFICATE OF BEATTI
Poge director	1. PLACE OF DEATH  COUNTY Allegany  MARYLAND  2. USUAL RESIDENCE (Where deceased lived in It institution: Residence before admission)  Maryland  Maryland  Distribution: Residence before admission)
funeral	b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town)  RURAL and Give rearest lower FROSTBURG  C CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  FROSTBURG
by the	d NAME OF HOSPITAL (If not in hospital give street oddress) OR INSTITUTION Miners Hospital  d STREET ADDRESS  e IS RESIDENCE ON A FARMAZ YES   NO
illed in oth.	3 NAME OF DECEASED (Type or print) CHARLES W. BOWDEN 4. DATE OF DEATH 7/1/1960 Day Year 19
id within oletely I rs. Pag offer de	S. SEX    6 COLOR OR RACE   7. MARRIED   NEVER MARRIED     8. DATE OF BIRTH
nd company to pope	100 USLAL OCCUPATION (Give rind of work done during most of working life, even if retired)  100 USLAL OCCUPATION (Give rind of work done during most of working life, even if retired)  110 USLAL OCCUPATION (Give rind of work done during most of working life, even if retired)  12.CITIZEN OF WHAT COUNTRY?  13. BIRTHPLACE (Stote or foreign country)  14. CITIZEN OF WHAT COUNTRY?  15. A.
carbo	Frederick Bowden Annie Bell
mertificang physicang phys	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Charles Bowden Frostburg, MD.
ortendii on pleose i in ony	IB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  USANIA  INTERVAL BETWEEN ONSELAND DEATH ONSELAND DEATH
d by the mit Thu wot, and	Canditions, if only which (b) Pritonitis  [Due 10]  [Due
require	ving cause lost.  DUE TO Rupture Gashic what
The law g physic has bee rrial-tro mation	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PRATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO DEATH BUT NOT PRATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO DEATH BUT NOT PRATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO DEATH BUT NOT PRATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO DEATH BUT NOT PRATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO DEATH BUT NOT PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED?  YES DINNELLY (ALCINCTION LEXALTING TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(0) 19 WAS AUTOFSY PERFORMED.
TIAN: Itending ifficole ifficole ifficole iof, cre	200 ACCIDENT WAS UNDERLYING   20b DESCRIBE HOW NJURY OCCURRED. LEnter noture of injury in Port II or Port II of item 18 )  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PIIYSI lol ar o this cer ir use a	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. m. 19 While Nat white of work of work of wark 19 of work 19 Nat white Native
INDIN The hospi C: After oched fo other prio	21 I certify that (I) (this hospital) attended the deceased from 2/2-3 1960, ta 7/1 1960 that (I) (we) lost sow the deceased alive on 2/1 1960 and that death occurred of little from the couses and on the date stated above
ed by the RECTOR	220 SIGNATURE JOHN B. Dowis M.D. ATTENDING MED. STAFF 225 DATE SIGNED DIRECTOR PHYS. 226 DATE 27/1/60
All Paint Stand	NAME (TYPE) JOHN B. DAVIS, M.D. 2BROADWAY, FROST 64R9 Md.
O HOY MOY Poge 3 the Sta	Burisl <sup>23d</sup> , blr al, cremation 23b Date thereof 7/4/1960   23c, Name of Cemetery or Crematory   23d Jocation (City, town, or county)   Prostburg, MD.
VR A15 (4) 15M 9/59	George Eichhorn  Address Lonaconing, MD.  250. REC'D BY REGISTRAR   256. REGISTRAR'S S GNATURE  DATE JUL 6 '60 Criting S. Kinus



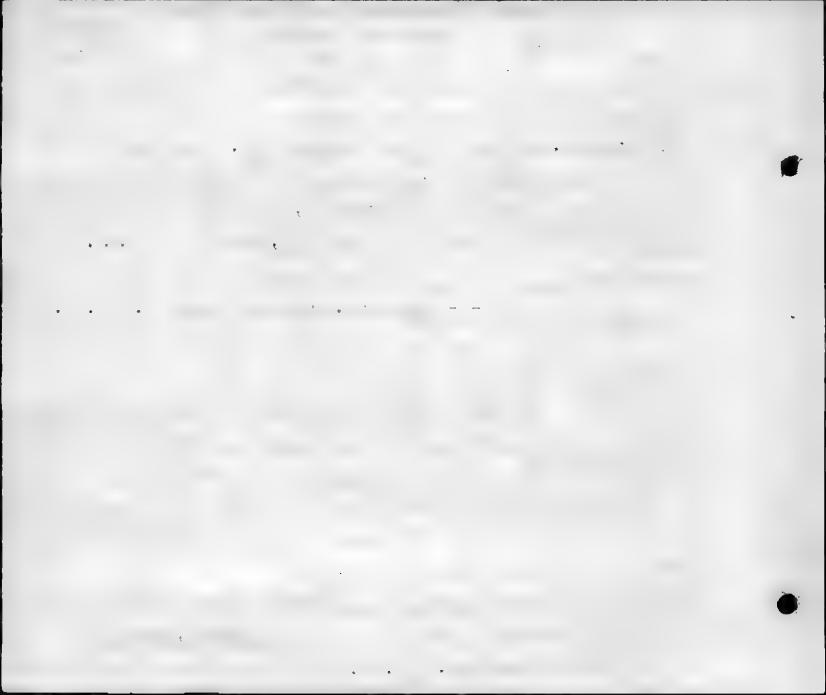
VS A1S (4) 1SM 9/SS

ARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH-BALTIMORE, 1	18
			•	THE PARTITION OF	, .

'513 CERTIFICATE OF DEA	13			CE	RT	IFIC	CA	TE	OF	D	A	T
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07502 Reg. Dist. No.

1 8	LACE OF DEATH					2 HELLAL	BECIDENICE IV	A/h	d lived If inst	Marian Bariala	man hafaus	a design and	
	. COUNTY				ARYLAND	o. STAT	E _	Allere Geceore	b. COU		ince perore	oamissionj	
	Allegany						ylend			Alle			
b	RURAL and give ne		s, write	c. LENGTH OF S	TAY IN 1b	A CITY	OR TOWN (II	f outside corpo	orate limits, wr	ite RURAL ond	give neare	est town]	
	Cumberlar						berlan	<u>d</u>					
۱°	OR INSTITUTION	AL (If not in hospital, g	ive street a	oddress)		d STRI	ET ADDRESS					ON A FAI	RM?
	2031 Bedf	ord Rd.				203	1 Redf	ord Rd				YES NO	XX
	IAME OF DECEASED	Fire	alt .	Mi	ddie		Lost	4. DATE		Month	Doy	Year	,
	Type or print)	Idith	Coor	er Br	CACEV			DEATH	July	2	4	19	60_
5. S	EX	6. COLOR OR RACE	7 MARRI	ED KNEVER MA	ARRIED 🔲	8. DATE OF	BIRTH		9. AGE (In ye			F UNDER 24	4 HRS
	emale	Negro	WIDOWE			Octobe		1894	66	yes Months	Days	Hours /	Willi
10a.	USUAL OCCUPATIO	N (Give kind of work on life, even if retired)	lone 10b. I	KIND OF BUSINES	SS OR INDU	STRY 11 BIR	THPLACE (Sto	te or foreign c	ountry)	12 C	ITIZEN OF	WHAT CO	UNTRY
S		her (retir		Education	on	Cum	berlan	du Mary	7land	- l t	I.S.A.		
13.	FATHER'S NAME		- 17				IER'S MAIDEN						
W	illiam Coo	ner				Iren	e Dens	On.					
		IN U. S. ARMED FOR	TES? 16. 5	OCIAL SECURITY	NO. 17.	NFORMANT	ė pėma	OII		Address			
{Yes,	no, or unknown] [	f yes, give wor or dates of u	rvice)			3 -	-	0000		1 10 1	~ .	202	
	NO			2-38-55		rie la	Brace	v 203.	Bedge	rd Rd.			
		TH [Enter only one co	use per lin	e for (o), (b), and	(c).]	,	1 .	- 6	7	,	ONSE	VAL BETWE	ATH
	PAKI I. DEAI	H WAS CAUSED 8Y: IMMEDIATE CAUSE (o	2	ancer	400	ut his	ce, La	my de	and (		12		odo
	1 3	DUE TO			/			18				0	
	Conditions, if on	y which )											
	gove rise to in	mediote (						***					
	cotte (a), stating t lying couse lost.	ne under-											
z		J (c ER SIGNIFICANT CON	OUTIONS CO	ONTRIBUTING TO	DEATH BUT	NOT DELATE	O TO THE TER	IAINIAI DICEAC	E CONDITION	CIVEN IN BA	DT 1(=1 10	MAINE ALT	OPEY
5	FARI II. OTT	ER SIGNIFICANT CON	MIONS C	ON INIBOTHAG TO	NEVIU BOI	NOT REDATE	DIOTHETEK	MINAL DISEAS	E CONDITION	GIVEN IN PA		PERFORME	ED?
5												YES N	° 🗆
CERTIFICATION	200 ACCIDENT WATER	CAUSE OF DEATH	20b. DESC	RIBE HOW INJUR	Y OCCURRE	D (Enter nat	ure of injury i	n Port I or Por	1 II of item 18.	.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes		DURY OCCURRED	20e. PI	ACE OF INJ	JRY (Home, fo	rm, 20f. (City	y or town)		(County)		(Stote)
VED V	Hour o.m.	19	While of work	Not while	1 10	Clory, street,	office bldg., e	itc.)					
<		. 1		- 4	7		CT	7-7	L/	/			
	21. I certify the	at I attended the	decease	d framZ_		, 19_	5 C, la_	-L	7, 19	that I.	last sav	v the dec	ceased
	alive an	7 - 1 <del>fr</del>	196-	:≤, and t	hat death	occurred	l at		m the cause		the date	stated o	abave
		V. 17		•			-	ADDRESS (S	treet, city or to	own, ahote)		DATE	SIGNED
	ACTUAL SIGNATURE	6 1/3/	MIN	2		M.D	5	7 654	co-cre	1/1			
			-				11.	v' 5			. /		
	PHYSICIAN'S NAME (Type)						hour	freely	as it	fil.	24		
220	BURIAL, CREMATION	4. 22b. DATE THEREC	F	22c. NAME OF	CEMETERY C	R CREMATO	RY	22d. 10CA	TION (City, to	wn, or county)		(State)	
F	REMOVAL (Specify)	26 July	1060	Woodla	wn			Cumb	erland	3/			
	FUNERAL DIRECTOR'S		700	ADDRESS			24g, RE	C'D, BY REGIS		Mary EGISTRAR'S S	ICRANJE		
1/	nis Skin	/			_		DATE	L 2 8 60	2	Irthur S.	Though		
170	V	CAL PP	deri	ck St	Cumb.	Ma	DAIR						



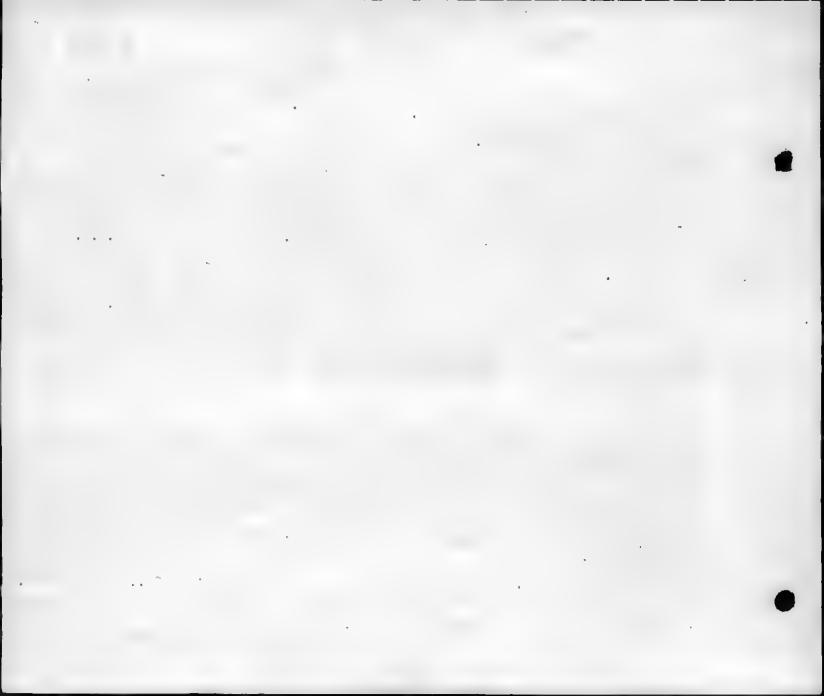
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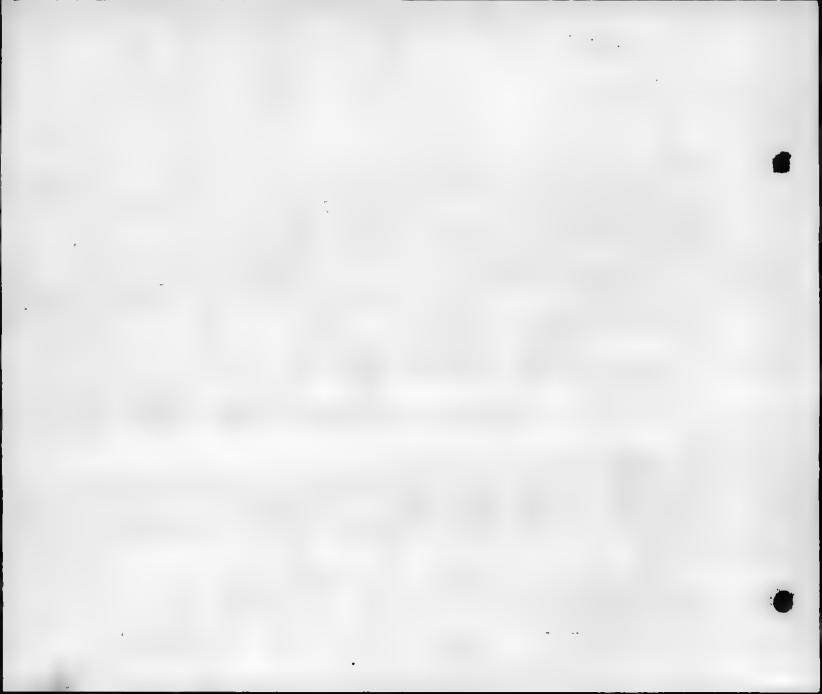
07502

	1014	CERTIFICA	TIE OF DEATH	0.0(1)		
PLACE OF DEATH			2. USUAL RESIDENCE (Whe			ce before admission)
AL	LEGANY	MARYLAND	MARYLAN	D 6. C	ALL	LEGANY
b. CITY OR TOWN (II RURAL and give ne	f Outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	tside corporate limits	, write RURAL and g	give nearest town)
	JMBERLAND	L5_HRS.	MT. SA	VAGE		
d. NAME OF HOSPIT.	MEMOR IMPLIFIED FOR THE	rddress)	a. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
MEMOR FAL	& WARWICK AVES	.,	1 MX Jan	all		YES NO
NAME OF DECEASED	First	Middle	Lost	A. DATE	Month	Doy Year
(Type or print)	JACOB	P	BRIDGES	OF DEATH	JULY	13 19 60
SEX	6 COLOR OR RACE 7 MARRI	IED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (		Days Hours Min
MALE	WHITE WIDOWE	D DIVORCED	JANUARY 9, 18	75 8	yrs months	Days Hours Min
	N (Give kind of work done 10b   ing, life, every (figet red)	KIND OF BUSINESS OR INDE	· ·	or fareign country)		ZEN OF WHAT COUNTR
reteried (	out Miner.	Menony	PENNA.		1	J.S.A.
FATHER'S NAME			14 MOTHER'S MAIDEN N		°D	
RILEY	BRIDGES			OSTE	-K	
	R IN U. S. ARMED FORCES? 16. (	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
	,,,,,		MEMORIAL HOSP	ITAL, CUMBE	IRLAND, MO	0.
18. CAUSE OF DEA	TH [Enter only one couse per in	e for (o), (b), and (c) }	1 11	1	7	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Mar 1.h	had al		Line	Chief AND DEAN
52	DUE TO	115 /		7	-	
Conditions, if or	ny, which ) (b)	Creer	so long	<b>*</b>		-
gove rise to it cause (a), stating	mmediate DUE TO					
lying cause last.	(c) _					
PART II. OTH	ER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	VAL DISEASE CONDIT	ON GIVEN IN PART	T 1(a) 19. WAS AUTOPS PERFORMED?
PART II. OTH  200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY				*		YES NO
200 ACCIDENT WA	S UNDERLYING   20b DESC	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of sten	n 18 }	
(IF EITHER, NOTIFY	MEDICAL EXAMINER)			4	=	
20c. TIME OF INJUR Hour o m	•		LACE OF INJURY (Home, farm, octory, street, office bldg, etc.)	20Ex(City or town)	2 1 10	County) (Sto
p. m	19 While of work	TAOL WILLIAM	1 -1	Cumb	celand	Alle Ma
21 I certify tha	t (I) (this haspital) aftend	ed the deceased fram	7/12/40.19	///	3/1/1 19	, that (I) (we) la
saw the deceas		E E	death accurred 60.25		/ ' '	-
276 SIGNATURE	11/1/11			7777 5777 5770 5070	rece crite di mo	120 DAJE
K N/	Mallen	elle-	M.D. PHYS. DIE	D. STAFF		7/14/
22c PHYS GLAN'S	RICHARD J. WIL	LIAMS	70 1 4000000	SOUTH CENT	TRE ST., CL	UMBERLAND M
NAME [Type]	THOUND UP MIC	- 1/31°KJ		OJOTH OMIT		7
	N. 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City	y town, or county)	(State)
PEMOVAL (Specify)	10/16/60	MIST Pa	tricks Cam	m 8 5	deray o	my Q
FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	2So. REC'E	BY REGISTRAR 2	56 REGISTRAR'S SIG	GNATURE
Farin -	Aten Du	· Cum.	MA OX DATE JU	11 1 8 '60	Circles &	Kinas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mays after death. Page 4 may be discussed by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Hea th Mirrar to burial, mamatian, or remayol, and in any even, within 72 hours after death VR A1S (4) 15M 9/59





07505

GIG	CERTIFICA	TE OF DEATH						
1. PLACE OF DEATH			re deceased lived   funstitution	Residence before admission)				
a. COUNTY ALLEGANY	MARYLAND	MARYLAND 6 COUNTY ALLEGANY						
b City OR TOWN (If outside corporate timits, write	E LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest lown)						
RURAL and CUMBER LAND	3 DAYS	CUMBERLA	ND					
d. NAME OF HOSP TAL ITE POT IN BOSD TO! GIVE STREET OR INSTITUTION MEMORIAL HOSP!	oddress)	528 MARY		e IS RESIDENCE ON A FARM? YES NO D				
MEMORIAL & WARWICK AVE								
DECEASED (Type or print) CHARLE	ES T.	BURLEY	4. DATE Month OF DEATH JULY	7 1960				
5. SEX 6. COLOR OR RACE 7 MARK	RIED NEVER MARRIED	B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS				
MALE WHITE WIDOW	ED X DIVORCED 1	MARCH 17, 1869	91 915	Aonths Days Hours Min				
10a USUAL OCCUPATION (Give kindsof work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State of	r fareign country)	12 CITIZEN OF WHAT COUNTRY				
Helical Beacksmith	1340 RK	PENNA		U.S.A.				
3 FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME					
NELSON BURLEY		CATHERINE	KERCHNER					
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Younge or unknown) 1 (If yes, give war or defea of service)	SOCIAL SECURITY NO. 17 II	NFORMANT	Address					
) C		MEMORIAL HOSPI	ITAL. CUMBERLA	ND. MB.				
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN				
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary occ	เป็นรกับก		5 days				
DUE TO	- 02 01101 1 0 0 0	7 pt 0 to 2 0 2 4		7 444 5				
Conditions, if ony, which ) the Art	erioscleroti	ic cardiovas	cular disease	e 5 vears				
gave rise to immediate			OUTUI GIDEUD	C / VGAILS				
lying couse lost								
PAIT II OTHER SIGNIFICANT COND TIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	BAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY				
ATIC				PERFORMED?				
20g. ACCIDENT WAS UNDERLYING TI 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I or Port II of item 18.)	100 110 110 110				
PART 11 OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING OF CONTRIBUTION OF CONTRI		,						
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f (Cily or Igwn)	(Caunly) (State				
Hour a.m While	Not while fa	ctary, street, affice bldg., etc.)	(50) 50 15000	(00011))				
21 I certify that (I) (this haspital) attend		9 - 16 12	49 to 7 = 7	, 19 60 that (1) (we) las				
saw the deceased alive an $Z = Z$	19.60, and that a	death accurred @ • 201	WAMPam the causes and	an the date stated above				
220 SIGNATURE				22b DATE				
tregs to Dalling,		M.D PHYS. MED	STAFF PHYS	7-8-60 SIGNE				
22c. PHYSICIAN'S NAME (Type)		22d ADDRESS						
Ralph W. Ball	in, M.D.	62 Greene	St. Cumberla	and, Md.				
23a BURIAL, CREMATION, 23b. DATE THEREOF			23d OCATION (City, Jown, or o	county) (State)				
Brus 1 7/10/60	Helleras	Burist 16	umburla	I Dozel				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D	BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE				
Your Stew In	1/11/	MY X DATE HILL	11 '60	. 0 4 .				

TO HOST LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. The fact death Page 4 may the complete by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar removal, and in any everythment 72 hours after death

VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R STATE Rea. Dist. No TH DEPT. 1, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY files. Health, o STATE COUNTY MARYLAND b. CITY OR TOWN III ONLY C c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l'mits, write RURAL and gry rector. your d of l Cumberland d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e 15 RESIDENITE ON A FARM? 120 Pelk Street YES NO ō NAME OF Middle DATE Lost Month DECEASED OF William T. Byrne DEATH the (Type or print) 1960 July 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Doys Hours Mala White WIDOWED | DIVORCED | 28 Feb. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Page I and 12 CITIZEN OF WHAT COUNTRY? Automobile Service U.S.A. Ocean Md. pages Pages n PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John J. Byrne Sr. Martha Bush. File 15 WAS DECEASED EVER IN U. S ARMED FORCES? 17. INFORMANT 116 SOCIAL SECURITY NO Address Mrs Martha Byrne Cumberland, Md 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) alang INTERVAL BUTWEE I PART I. DEATH WAS CAUSED BY: Skull Crushed Sudden IMMEDIATE CAUSE (o) burial-transit Office **DUE TO** Conditions, if day, which gave rise to immediate cause **DUE TO** (a), stating the underlying D couse fost cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY pasa PERFORMED? Chief Medicol E I should be used to burial, cremi YES 🗍 NO 🎮 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18 ) CAUSE OF DEATH. Accident 20c TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Month, Day, Year 120f. (City or lown) (County) (State) ñ factory, street office bldg , etc.) Not while 19 60 at work at work Midland, Allegany, MD 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection , Inquiry , and in my CTOR: opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ō ASSISTANT MEDICAL EXAMINER EXAMINER'S Benedict Skiterelic DEPUTY MEDICAL EXAMINER TO NAME (Type) FUNE r its d 220. BURIAL CREMATION | 27b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) S.F. (Stote) REMOVAL (Specify) 0 Cumberland Md 40. REC'D BY REGISTRAR VS. A15ME Louis Stein Inc. Cumberland. Md. JUL 1 9 '60 5M 2757 Circher S. Kraus

DEP



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7580 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 7507

	1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)						
o. COUNTY	Allegany		MARYLAN	GN	• STA Maryland • COUNTY Allegany							
b CITY OR TOW	/N ( floutside corpo ale fimits, write flowe)	PUPAL C. LI	ENGTH OF STAY IN	1b								
I.	idland			-	Lens	cenin	g					
d. NAME OF HO	SPITAL OR INSTITUTION (H	not in hospital,	give street address)		d STREET ADDR	ESS	MC 3 M			e 15	RESIDENCE N A FARM?	
					/ Castl	e Hil	1				□ NO 🗗	
3. NAME OF DECEASED	First		Middle		Lost	4. DAT		Month		Doy	Year	
(Type or print)	MICHAE			YRN		DEA	rH 7/	16/1	960		19	
5. SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 8 Q	TE OF BIRTH		9 AGE (	Laborate III	FUNDER TYPE			
Male	White	WIDOWED	DIVORCED [	82	/17/195	5	5	yrs,	Months Do	rs Hours	Min.	
100 USUAL OCCUI	PATION (Give kind of work di ranking life, even if retired)	one 10b KIND C	OF BUS NESS OR IND	USTRY	11 BIRTHPLACE	State or foreig	in country)		12 CITIZE	OF WHA	T COUNTRY	
	one				Cumber	land.	MD.		U.S	. A.		
13. FATHER'S NAM	VE.			1-	MOTHER'S MAIE							
<u> </u>	Paul Byr	ne_			Doroth	v Kea	ting					
15. WAS DECEASE(Yes, no. or unknown)	D EVER IN U. S. ARMED FOR 		L SECURITY NO.	7, INFO	DRMANT		_	Address				
No		Nen	e :	Mrs	. Paul	Byrne	+ L	onac	oning	. MD	• 21	
1 1	DEATH [Enter only one coul	e per line for (o)	. (b), and (c) ]		(Mothe	r)			T	NTERVAL BET	NEFN SEAT 1	
PARI I.	DEATH WAS CAUSED BY:	Intra	cranial	ŀ	lemarrha	Re					70.00	
الريادة الم	DUE TO									_ = =		
	If ony, which   (b)	S	kull fra	cti	re					Sudd	en	
(o), stoling 1	he underlying DUE TO											
cause lost.	) (c)											
PART II.	OTHER SIGNIFICANT COND	IIIIONS CONTRE	UTING TO DEATH E	UT NOI	RELATED TO THE	TERMINAL DIST	EASE CONDIT	TION GIVE	N IN PART 1		S AUTOPSY FORMED?	
3	CALLET MARK									YES 🗍	NO M	
ZOO EXTERNAL PRIMARY OF CAUSE OF DE	CONTRIBUTING LT		/ INJURY OCCUBREE			n Port I or Por	t II of Bem 1	8 )				
			obile Ac								Projection	
20c. TIME OF I	· // - / /	While		foctory.	street, office bldg	, etc ) ;			(County		(Stote)	
	7/16/1960		of work		lway		dland	AI	legan	У	MD	
21. I certif	y that I taok charge	of the rema	ins described o	bave	, held an Aut	opsy,	Inspection	on 🔀.	Inquiry	<b>X</b> , a	nd an my	
apinian de	ath resulted fram: N	latural couse	s , Acciden	11 🔀	, Suicide 🔃	, Hamici	de 🔲,	Undeteri	mined ma	nner 🛄		
ACTUAL	12 , +	11.7	- 0/1				_	-1/	11/11	/ DATE	SIGNED	
SIGNATURE	Genedict	KKING	arelie)	A	A.D. CHIEF MEDIC			///	4/17	60		
EXAMINER'S	Benedict SI	ed tomal	4-		ASSISTANT M		Name of Street					
	ATION TOOL DATE THEREON	kitarel	NAME OF CEMETERY	OR CR	DEPUTY MED							
Buria	1() 7/19/1	000				7 -	CATION (Cit	A	county)	(Sto	114)	
23 FUNERAL DIREC			L. Marya	Çe	metery	REC'D BY REC	nacon		RAR'S SIGNA	TITRE		
GEOR			ACONING,	MI	).	0111 2	0 '60		wall d.			
					DAT	C AAF						

VS A15ME 5M 2/57



### 7581 **CERTIFICATE OF DEATH** Rea. Dist. No director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY Allegany MARYLAND Marvland Allegany unerai b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) t. # 2 Cumberland. Cumberland. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS Hillcrest Drive Hillcrest Drive NAME OF Middle 4. DATE Month DECEASED **JOHN** JOSEPH CARNEY (Type or print) DEATH July 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lest pirthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Male White Jan. 25. 1888 WIDOWED A DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Barbering Barber Mt. Savage. Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME John Joseph Carney Mary Ellen Logsdon IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Rt. # 1 Ridgeley, W. Va. Mrs. Leo Mills No please 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURIOCCURRED (Enter noture of injury in Part I or Part II of item 18.1 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town] (County) Hour o.m. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from Oct 8 19 59, to June 30 160 that I last saw the deceased , and that death occurred at $0:45\,\mathrm{PM}$ , from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE 126 N. Smallwood St. NAME (Type) L. Michael Glick, M.D. Cumberland, Maryland 220. BURIAL, CREMATION, 225. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) REMOVAL (Specify) SS. Peter & Paul's Cumberland, Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Md/ Cithur S. House DATE JUL 8

1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE ON A FARM

U. S. A.

INTERVAL BETWEEN

PERFORMED? YES NO TO

(Stote)

DATE SIGNED

YES NO



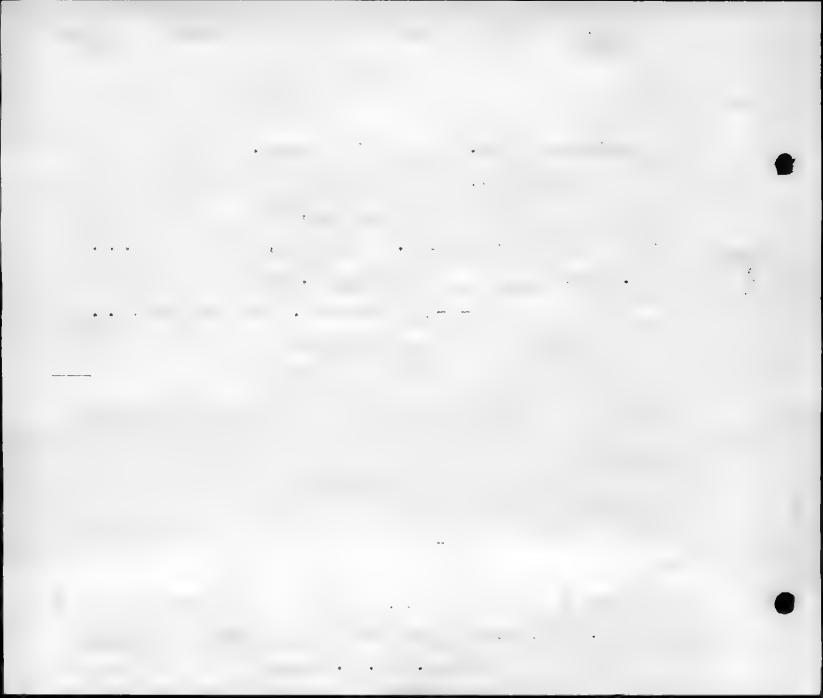
# FOR STATE HEALTH DEPT.

TO DEPLIZY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please executed certificate, writing the word "pending" in pendin in them 18. Give Pages 1, 2, and 3 to the production. Page 4 shows be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be removed for your files 170 FERERAL DIRECTOR: Mage 2 shauld be used as a buriol-transit germit. File gages from 2 with the Tiple Board of Health, or its designated agent, prior to buriof, cremation, or removal, and in any executivitiin 72 hours after death.

VS. A15ME 5M 2'57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg 47519 7516

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)
	o COUNTY	o. STATE b. COUNTY
	Allegany	Maryland Allegany
	b. CITY OR TOWN (If avis de corpora e timits, write RUPAL and give recrest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Cumberland Life	Cumberland
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	gl. STREET ADDRESS e IS RESIDENCE
	Kelly Springfield Tire Co.	209 Grand Ave.
-		The state of the s
	DECEASED	Lost 4 DATE Month Doy Year OF
	The state of the s	ARROLL DEATH JULY 27 19 60
5.	SEX 6 COLOR OR RACE 7- MARRIED 1 NEVER MARRIED 1	
M	lale White WIDOWED DIVORCED	April 22, 1909 51 yrs Months Days Hours Min
10c	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS	
1-0	during most of working life, even if retired)  ectrician Kelly Tire Co.	Cumberland, Maryland U.S.A.
	ectrician Kelly Tire Co.	Cumberland, Maryland U.S.A.
A 1.2	LOLDER 2 (AVWE	
	lbert W. Carroll	Lulu M. Pyles
	, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (1) yes, give wor or dates of twicked	INFORMANT Address
Y	Ces 1928-1934 214-05-5338 Co	onstance L. Carroll Washington, D.C.
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BUTWEEN
	PART I, DEATH WAS CAUSED BY	RY OCCLUSION SUDDEN
	IMMEDIATE CAUSE (6) GORONA	RY OCCLUSION SUDDEN
1	DUE TO	
1		ONARY SCLEROSIS —
	gove rise to immediate couse (b), stating the underlying DUE TO	
	covse lost, (c)	
13	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ΙĚ		PERFORMED?  YES □ NO □
CERTIFICATION	20g. EXTERNAL CAUSE WAS _   20b DESCRIBE HOW INJURY OCCURRED (	(Enter nature of injury in Port I or Part II of Hem 18 )
12.	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	american at mark to the the than the
WEDICAL	20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e PLA Hour p. m. White Not white	ACE OF INJURY (Home, form, 20f (Cily or town) (County) (State) tory, street, office bldg., etc.)
A. A.E.	p. m. 19 of work at work	
	21. I certify that I taak charge of the remains described about	ove, held an Autopsy , Inspection K, Inquiry K, and in my
	opinian death resulted fram. Natural causes 1. Accident	, Suicide, Hamicide, Undetermined manner
	Accident	
	ACTUAL (3 1 4 C) +	DATE SIGNED
	SIGNATURE Benedict Skitarelia	M.D. CHIEF MEDICAL EXAMINER []
	EXAMINER'S	ASSISTANT MEDICAL EXAMINER
	NAME (Type) BENEDICT SKITARELIC, M.D.	DEPUTY MEDICAL EXAMINER T JULY 27, 1960
220	BURIAL, CREMATION   226. DATE THEREOF   22c NAME OF CEMETERY OF	
F	REMOVAL (Specily) Burial July 31. 1960 Sunset Memoria	al Park Cumberland, Maryland
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
. 51	Your Stein Inc 117 Frederick St. Cumb	164
17	A. TIL LIGGELICY DO. COMO	• MACL DATEUG 1 '60



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EXA	riting	ef M	R: Po	
CAL	le, w	5	CTO	
REDI	tifica	o the	DIRE	
IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any 🚃 is necessary, please exe-	certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune	forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be satisfied for your	O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the registrar prior to burial, cremation,	- Contraction
730	te	5.5.	UNE	40 0000000
0	00	ţ0	0	0.00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7517 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(7511)

١ (	7. PLACE OF DEATH a. COUNTY			here deceased lived. If institutions Resis	dence before admission)				
4	Allegany	MARYLAND	o. STATE Maryland b. COUNTY Allegany						
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LI and give necessitions)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)						
	Cumberland	9 hours		land, Rural nr C	resantown				
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS	, ,	e, IS RESIDENCE ON A FARM?				
X.	Sacred Heart Hospital		P D s	Вох #228	YES NO				
ſ	3. NAME OF Harman First	Middle	losi	4. DATE Month	Day Year				
	(Type or print)	1960							
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED [ 8.1	DATE OF BIRTH	lest hardeless	R TYEAR IF UNDER 24 HRS.				
	Male White WIDOWED	DIYORCED []	1v 12. 1887	Would I	Days Hours Min.				
Ì	10g, USUAL OCCUPATION (Give kind of work done 10g, KIND C				TIZEN OF WHAT COUNTRY?				
-	during most of working life, even if retired)  Own Fa	ırm	C		77/71 4				
Ì	13. FATHER'S NAME		Luste Mi	neral Co., W.Va.	USA				
V			21 22						
}}	Agran Chilcott  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	AL SECURITY NO. 117. INF	Mary Bane	Address					
4	(Yes, no, or unknown)   [If yes, give war or dates all service)		nes P. McCus	.,	Maryland				
ł	- BO		100 11 110000	iter, or esaptown,					
	18. CAUSE OF DEATH [Enter only one cause per line for (o) PART I. DEATH WAS CAUSED BY:	, (b), and (c). }			INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIATE CAUSE (e)	Cerebral	Hemorrhage		5 hours				
-1	DUE TO								
	Conditions, if ony, which) (b)	Hypertens	ive Cardio-	Vascular Disease					
	gove rise to immediate cause  (a), stating the underlying DUE TO								
	couse lost.								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IALDISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY				
1	TYPE				YES NO D				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	V INJURY OCCURRED. (Ent	ter nature of injury in Port	f or Port II of item 18.)					
	206. DESCRIBE HOW PRIMARY OF OF DEATH.								
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY	Y OCCURRED 20e. PLACE	OF INJURY (Home, form,	20f. (City or town)	ounty) (State)				
- [	20c. TIME OF INJURY Month, Day, Year 20d. INJURY While of work 19 of work 1	Not while foctors	y, street, office bldg., etc.)		,, , , , , , , , , , , , , , , , , , , ,				
			- h-14 A 4-						
	21. 1 certify that I taak charge of the rema		* *		iry 妃, and find that				
П	death resulted fram: Natural causes Д	Accident [_], Suici	de, Homicide	, Undetermined cause					
1	1 B , + V1	11-11			DATE SIGNED				
	SIGNATURE Developed Ski	Tarelie	M.D. CHIEF MEDICAL EXA	MINER []	DATE SIGNED				
1	EXAMINER'S		ASSISTANT MEDICA	L EXAMINER 🔲					
ı	NAME (Type) Benedict Skitarelic	, MD.	DEPUTY MEDICAL E	KAMINER 🗗 July 26	, 1960				
Ī	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. N	NAME OF CEMETERY OR C	REMATORY	22d. LOCATION (City, town, or county)	(Store)				
1	Rurial July 28, 1960	Hillcreat B	Burial Park	Cumberland, Mar	vland				
		ADDRESS		BY REGISTRAR 245. REGISTRAR'S S					
	John J. Hafer. Cumberland.	Maryland	DATE	29'60 Chillen &	ir .				
k	TOTAL DE MINER DE L'ANTIONE L'ANTION	- 1 - 1 - coled		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ LAMA				

VS. A15ME(5) 5M 9/55



CERTIFICATE OF DEATH

ı	4440				
	a. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Who as STATE Mary)	ere deceased lived If institution b. COUNTY	Residence before admission)
1	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If a	utside corporate limits write RURA	
	RURAL and give nearest town)  Cumberland	87 years	Cumberland		
ı	d, NAME OF HOSPITAL (If not in hospital, give street	I address)	d. STREET ADDRESS		e. IS RESIDENCE
	437 Henderson Avenue		1 437 Hender	son Avenue	YES NO
ŀ		Middle	Lost	4. DATE Month	Day Year
	(Type or print) Lacy	Margaret	Creegan	OF DEATH JULY	17 19 60
	S SEX 6 COLOR OR RACE 7. MAR	RRIED   NEVER MARRIED	B. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
1	Female White widow	-	Sept 29,1872	87 yes.	
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	Housekeeper	At home	Maryland		U. S. A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	James Simpson	n	Johanna He	nsey	
Л	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yiis, no, or unknown] [If yes, give wer or dotes of service]	SOC AL SECURITY NO. 17. II	NFORMANT	437 Henders	son Avenue,
	No	None Be	rnard Creegan	Cumberland,	Maryland
	1B CAUSE OF DEATH [Enter only one cause per I	tine for (a), (b), and (c).]	1.1.	177	INTERVAL BETWEEN ONSET, AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Chronic.	Musoc	aroller	10 W
	DUE TO _	1	1 ( )	_1./	7/1/
	Conditions, if any, which ) (b)	ALUX Fralis	11054	SUNCUL	Der 10 421
	gave rise to immediate couse (a), stating the under-	/	1		
	lying cause last. (c)	1	/		
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
-	Z-				YES NO DL
	PART II. OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  (If EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in t	Part I ar Part 1) of Hem 18 )	
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm	, 20f. (City or town)	(Caunty) (State)
	Oc TIME OF INJURY Manth, Day, Year 20d While p.m. 19 at wa	e Nat while fa	ctary, street, affice bldg., etc	1	(
			Andre I and	10. 1. 1.1.	7. 6/14
	21. I certify that (I) (this hospital) atten	0 1 6 1		10 10 10	19_6_Othat (I) (we) last
	saw the deceased alive an 22 SIGNATURE	3 19 (0.0) and that c	death assurred at	Mr. from the couses/and	on the date stated above. 22b DATE
			M.D. ATTENDING DI	D STAFF	STONED
1	22c PHNSICIAN'S	4/1	M.D. PHYS DI	RECTOR PHYS.	1 10 CA
	NAME (Type)		169cm	ier St Cun	busland My
	230 FUR AL, CREMATION 236 DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City town, or c	aunty) (State)
	Burial 7/20/60	Hillcrest Bu	rial Park	Cumberland	Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'	BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
	Ruth E. Silcox Cumber	rland Marylan	d DATE	21.60 anth	of 8. Kraus

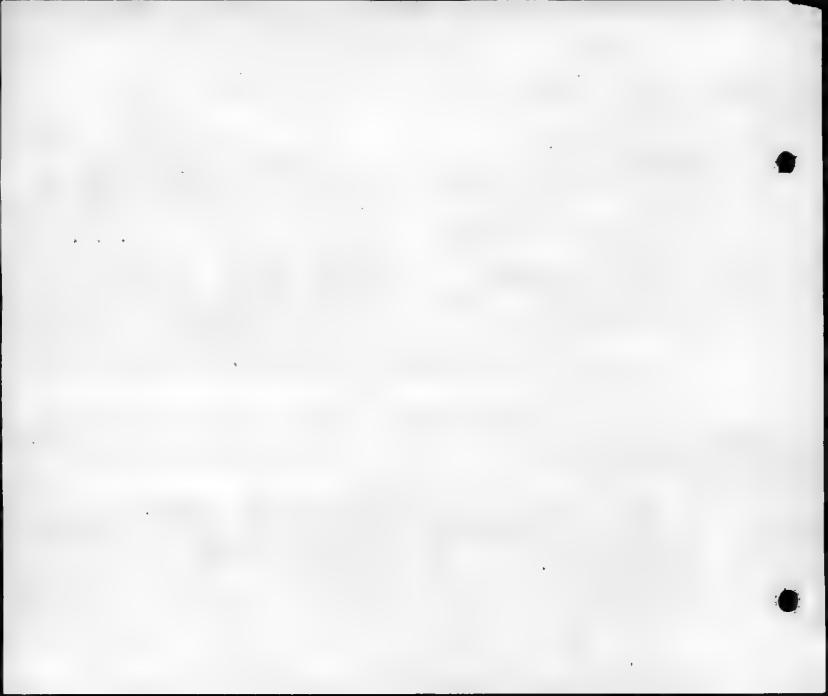
may valued by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and camplete y fulled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in any everything in 72 hours after death. VR A1S (4) 1SM 9/59

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO IIOS

urs after death. Page 4



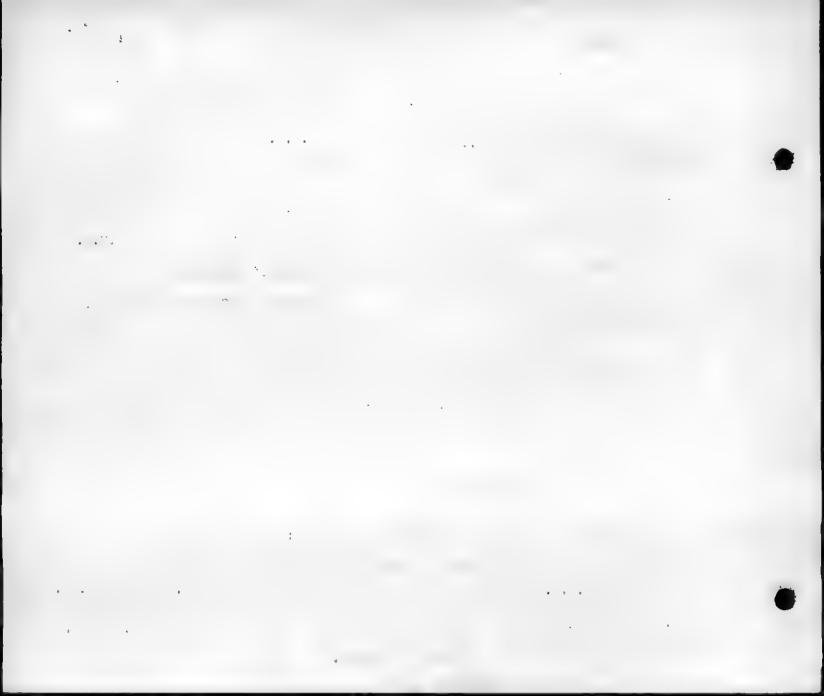
VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

7519 CERTIFICA						FICATI	OF DEA	TH			073	512		
/		PLACE OF DEATH	LEGANY		MAR	YLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE B COUNTY ALLEGANY							
	t	CUY OR YOWN (IF RJRAL and g ve nea CU)	outside corporate limi rest town) MBERLAND	ts, write	c. LENGTH OF STAY	30	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FROSTBURG							
).	d. NAME OF HOSPITALE HOSPITAL HOSPITAL MEMORIAL & WARWICK AVES.						d STREET ADDR	•D •# 1				ON	S DENCE A FARM?	
	3 NAME OF DECEASED First Middle (Type or print) MARY A						CROST ON	4. DAT OF DEA		Month JUL	Υ.	16	Yeor 19 60	
	5 \$	FEMALE	6. COLOR OR RACE WHITE	WIDOWED		ED 🗍		,1903	9 AGE (I lost bit	thday) i	Months D	YEAR IF JNI ays Hours	Min	
			N (Give kind of work ports even if retired	done 10b K	WN HOME		HOFF	(Stote or foreig				S.A.	COUNTRY?	
)	PHILLIP BRODE						14 MOTHER'S MAIDEN NAME ELIZABETH SLEEMAN							
		WAS DECEASED EVER	IN J. S. ARMED FOR Fiyes, give war or dates of s		OCIAL SECURITY NO	O, 17 INFC		ORIAL F	OSPITA	L, CUM		ND, M	)	
	FICATION	Conditions, if on gove rise to im couse (o), stoling the lying couse lost.  Parr II, OTHE	mediote DUE TO	DITIONS CC	Mala Mala testims ontributing to di	· · · · · · · · · · · · · · · · · · ·			Whase consol	ibiselver	Les	Mar PERF YES	for 12 (60) AUTOPSY ORMED?	
	2	20g ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 20g TIME OF INJURY Hour o. m. p. m.		or 20d, IN. While	JURY OCCURRED  Not while of work	20e PLAC	E OF INJURY (Hom y, street, office bld	e, form 20f (	City or town)		(Co	unity)	(Stole)	
		21 I certify that saw the decease 220 SIGNATURE 22c. PHYSICIAN'S NAME (Type)	0	altende 90	- 1.6		22d. ADDRESS	<u> </u>	STAFF PHYS		on the	*	d abave. 2b.DATE SIGNED	
		BURIAL CREMATION REMOVAL (Specify)	7-18-6		23c NAME OF CEA		MORIAL	PARK	CATION (Cit)	STBU	RG.	MD.	ote)	
	24	PUNERAL DIRECTOR'S	SIGNATURE TURNS		ADDRESS FROSTE	BURG,	MD	REC'D BY REC	istrar 2:		RAR'S SIGN			

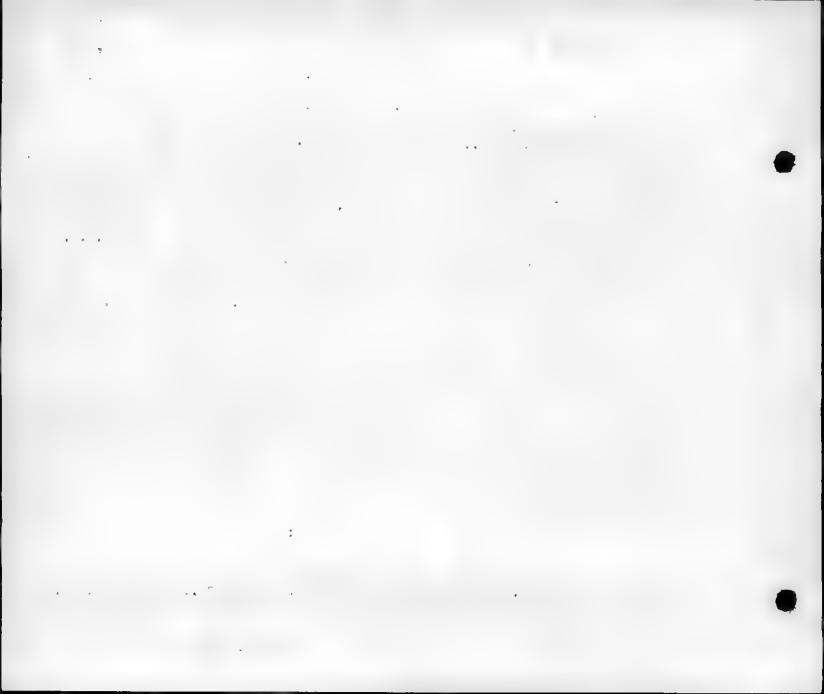


## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

7520

	1. PLACE OF DEATH	EGANY	MARYLAND	a. STATE b. COUNTY							
				MARYLAND  C CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
	RURAL and give ne	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)			OWN (If auside co BERLAND	arporate limits, writ	e RURAL ond give no	arest tawn)			
		BERLAND AL (finat in haspital, give street	12 DAYS	d. STREET AI				e IS RESIDENCE			
*	OR INSTITUTION	MEMORIAL HOSPIT	AL			D. 2150 H	111105	ON A FARM?			
	MEMOR LA	OR INSTITUTION MEMORIAL HOSPITAL MEMORIAL & WARWICK AVES.			B. JANE F	RAZIEK V	ILLAGE	YES NO K			
	3 NAME OF DECEASED	First	Middle	Last		TE /	Aonth D	lay Year			
	(Type or print)	ANNA	ALEDIA		1411			19 60			
	5. SEX	6. COLOR OR RACE 7 MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (in year last <u>birt</u> hda	A T	R IF UNDER 24 HRS			
	FEMALE	WHITE WIDOW	FD X DIVORCED	SEPT. 18	, 1902		Manths Days	Haurs Min.			
	10a USJAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPL	ACE (State or fare)	gn country)	12 CITIZEN C	F WHAT COUNTRY?			
	Domestic	Public S	chool Board	MAF	RYLAND I	Barton	U.	S.A.			
	13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME						
	J.	AMES LYONS		MAF	RY SNYDER	}					
-	15 WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT			Address				
		If yes, give war or dates of service)		MEMOR LAI	HOSPITAL	CUMBER	LAND, MD.				
	LIE CALISE OF DEA	TH [Enter only one cause pat li		1441041776	7 0	001154111		TERVAL BETWEEN			
		TH WAS CAUSED BY:	1 \$ 51-1	Pil	1 //	2		SET AND DEATH			
		DUE TO									
	<b>#</b>		Corner	aley	other	accept	インクは	Jan !			
		Candit ans, if any, which gave rise to immediate (b)									
cause (a), stating the under-											
	lying cause last.										
	S ACCIDENT WA	denile hence tie & amall over YES NOW									
	OR CONTRIBUTING	MEDICAL EXAMINER)	\$p								
	30E TIME OF INJURY	**	r_	ACE OF INJURY ()		(City or tawn)	(Caunty	(State)			
	Havram.	While at war		ctary, street, affice	grag , erc )	innah	10 10	11. 1111			
			/	7/0/1	1 19	7/21/	10 10	MARIAN .			
		t (I) (this haspital) affend	- G - A - 1			10 _ L-   L-   L-   L-   L-   L-   L-   L-	and an the dot	haf (I)" (we) last			
y	220 S GNAVORE	ep dive on	de (17), and that a	death occurred	die D'Y winne	am the couses	and an the do	225 DATE			
	1/1	111.11.	1/1	ATTENDING PHYS	MED.	STAFF		SIGNED			
	- 726 PHYSICIANS	THE PHYSICIANS WE WE WITH				PHYS DIRECTOR PHYS. []					
	NAME (Type)	RICHARD J. WI	LLIAMS	122 5	OUTH CENT	RE ST.	CUMBERLAND	. MD.			
	22- 848 41 685144760										
	23a BUR AL CREMATION	7-23-60	Hillcrest			OCATION (City, tax		(State)			
	DUI'TEL	1		burial :		umberlar		inc			
1	James F.	Scarpelli Cu	address amberland. &d		250 REC'D BY RE	255. R	EGISTRAR'S SIGNATI				
3	OCTUGE I.	- John Downer Of	ambot aboute gand	-	DATE JUL 4	2 00	Contract D.				



- 1			1 1	MARYLAN	ID STATE DEPAR	TME	NT OF HEALT	TH-BALTIM	ORE, 18		
4 52	=	1	token,	7521	CERTIF	ICA	TE OF DEAT	ΓĤ	Reg. Dis	. 10.7	514
Page	(NA)	Ť.	PLACE OF DEATH		MARYLA	- 11	N. USUAL RESIDENCE (*) O. STATE MARYLAND		COUNTY	GANY	idmission)
death.			OT LEGANY  TITY OR TOWN (I  RURAL ond g ve no  CUMBERLANT		c. LENGTH OF STAY IN	1 1ь		If outside corporate lim			t town)
by the f	( ()			AL (If not in hospital, give sh			d. STREET ADDRESS	ONAL HIGHWA	Y (LAVALE)		IS RESIDENCE ON A FARM? ES NO
n 2			NAME OF DECEASED (Type or print)	DAISY	Middle <b>M</b> aric	}	DICK	4. DATE OF DEATH	JULY JULY	10,	Yeor 19 60
d within		5.	FEMALE		AARRIED NEVER MARRIED OWED DIVORCED	□ B.	DATE OF BIRTH  /4/01 5	9. Age 9 year <b>xx</b>	(In years IF UNDER birthday) Months		UNDER 24 HRS lours Min.
× 75	death.	10o	during most of worl	king life, even if retired)	106. KIND OF BUSINESS OR Own Home			ofe or foreign country)  OROLINA, Swa			HAT COUNTRY?
e be e		Ι.	FATHER'S NAME	en el libro			14. MOTHER'S MAIDEN	NAME			
certificate g physicia		15.		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.		Betty M ORMANT S CHART	Berry	Address	<u>.</u>	
equires that the death n. signed by the attending	i permi. Inen pieds d in any event within			mmediate ( DUS TO	er line for (a), (b), and (c).] Cauchynym	- L	I the hee.	ost		INTERVONSEY	AL SETWEEN AND DEATH LALS
physicial	navol, on	CERTIFICATION			NS CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TER	RMINAL DISEASE CONT	DITION GIVEN IN PART		WAS AUTOPSY PERFORMED? ES NO
IAN: Ti rending ficate h	o re-		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury	in Part I or Part II of i	em 18 )		
PHYSIC of ar at this cert	ematian	MEDICAL	20c TIME OF INJUR Hour o m, p m.	W	od. INJURY OCCURRED 21 hite Not white work of work	De. PLACI foctor	E OF INJURY (Home, for ry, street, office bldg.)	orm, 20f (City or tow etc.)	n) (C	(ounly)	(Stote)
ained by the haspit  AI DIRECTOR: After I	from prior to buriol, cr		alive an	L Kmi			Prince with a set	7-10 P.M. from the co ADDRESS (Street ci	ry or town, state)	st saw t	he deceased tated abave. DATE SIGNED 7-11-6-0
may E	poge of		BUR.AL, CREMATIC REMOVAL (Specify) Burial	7/12/60	Mt. Hebro			Winches	ily, town, or county)	مندن	(Stole)
VS A15 (4)			FUNERAL DIRECTOR		ADDRESS		24a. RE	EC'D 8Y REGISTRAR	Calling & f	SNATURE	
15M 9/58		L	OHD OF BE	iler. Vumber	land. Marylar	nd .	DAIS	1 1 8 '60	Continue a. 71	CAMADO	

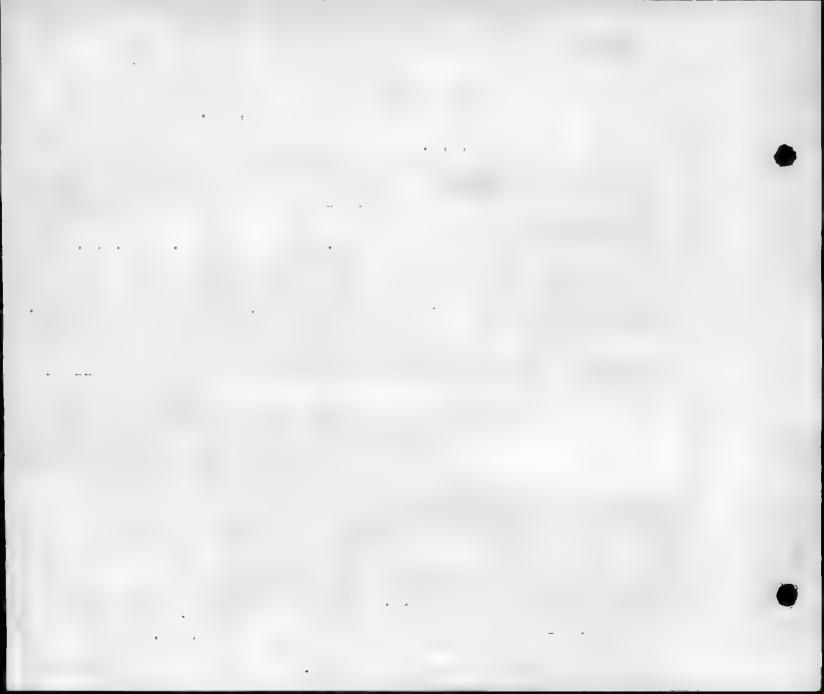


Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a COUNTY Q. STATE b. COUNTY MARYLAND Allegany Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) and nive searest town? Cumberland Flintstone. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Heart Hospital NAME OF Middle 4. DATE Month Year Day DECEASED DEATH (Type or print) ORENCE MARKET DONAHOR 19 60 5. SEX 4. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 24 HRS fost birthday! Months Min 7-23-1891 WIDOWED [7] DIVORCED [ 68 Yrs. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired clothing Jonker Factbry, "lidlothian 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wilson Alfretta Lee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANI 16. SOCIAL SECURITY NO. Address 214 - 12 - 331John Flintstone Donahue. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: COROMARY STID DEN OCCULISTON IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which CORONARY SCLEROSIS gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? NO 🗆 200. EXTERNAL CAUSE WAS PRIMARY | 01 CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED i 20f. (City or lawn) (County) (State) factory, street, affice bldg., etc.) While Not while rd an at work at work ø. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X. (nauiry 17), and find that deoth resulted from: Notural couses TX. Accident . Suicide . Homicide . Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER NAME (Type) July 19 220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) tipia' Eckhant 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR uneral afer Home Chilling L. Kroue MI DATE JUL 25'60

MON pages Poges II File Give Give EW3. 50 to the Clief . DIRECTOR: 6 FUNERAL O CIW O

cremation

VS. A15ME(5)



TO HOSE BY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mins ofter death. Page 4 may U. Chined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill ed in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 22 hours ofter death.

VR A1S (4) 15M 9/59

	7	524	CERTIFICA	AIE OF D	EATH			
1 (	PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	II a STATE	ENCE (Where declary land	eased lived If instill b COUN	TV	before admission)
1	RURAL and give i	(If outside corporate limits, writh hearest tawn) PLANG	9/6/1877	Di	own (If outside o	orporate limits, writ <b>nd</b>	e RURAL and give	nearest town)
	d. NAME OF HOSP OR INSTITUTION	Allegany Co	unty Infirma	d, STREET A		erland S	Street	e is residence on a farm? YES NO
	NAME OF DECEASED (Type or print)	Clara	Middle W •	Donnel	O.F.	ath Jul	Aonth Y	8, Year 19 60
	sex Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	9/6/18		9. AGE (In year	y) Months Do	YEAR IF UNDER 24 HRS
	Housewii	rking life, even if retired}	OL KIND OF BUSINESS OR INT		ACE (State or fare)	_		OF WHAT COUNTRY
3.	FATHER'S NAME		*** 1	14. MOTHER'S	MAIDEN NAME	se. 13		
			Vebster			Voe Kel		
	WAS DECEASED EV s no, or unknown, No	(If yes, give war or dotes of service)		Allegany		99 Infirm		ords_
		ATH [Enter only one couse po	r line for (a). (b) ond (c).]		,	med a	1	INTERVAL BETWEEN
	PART 1. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE (a)	buleur	nary	Thuse	Hazu		12/0
	Conditions of	DUE TO	Cerelera	ear	Livio	cler	SUS	?
	gove rise to couse (a) states ly ng cause lost	the under- DUE TO	netastr	atic t	Parci	ción	C	?
CATION	PART II OT	THER'S GNIFICANT CONDIT ON	is contributing to death B	LE L	THETERMINATOR	SEASE CONDITION	GIVEN IN PART 1	(a) 19 WAS AUTOPSY PERFORMED? YES NO 19
CERTIF	OR CONTRIBUTION	/AS UNDERLYING ☐ 20b. E G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture o	finjury in Part I o	r Part II of item 1B)		
MEDICAL	20c TIME OF INJU Hour a.m. p. m.	19 Wh		PLACE OF INJURY ( factory, street, affice		(City or town)	(Cou	inty) (Stote
	21 I certify th	' n /0 /	ended the deceased fram 6019 , and tha	7/5/60	10 XX	ta 7/8/61 om the causes	, ,,	, that (I) (we) las late stated above
	22a SIGNATURE	uus 3.	Zheau	M D ATTENDIN	A DIRECTO	STAFF A	7	2/9/60 SIGNED
	22c PHYS CIAN'S NAME (Type)	Dr. James	E. McLean	22d. ADDR	9 Green	e St.,	Cumberl	and, Md.
<b>2</b> 3a	BUR AL, CREMATI REMOVAL (Specify Burial	7/11/60	23c NAME OF CEMETERY ROSEHILL Ma	OR CREMATORY		OCATION (City, town		(Stote)
24.	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		250. REC'D BY R	EGISTRAR 25b, RI	EGISTRAR'S SIGN	ATURE
	Ruth E. S	Silcox Cumb	erland Mar	yland	DATE JUL 13	3 '60	Ireling S. A	rates

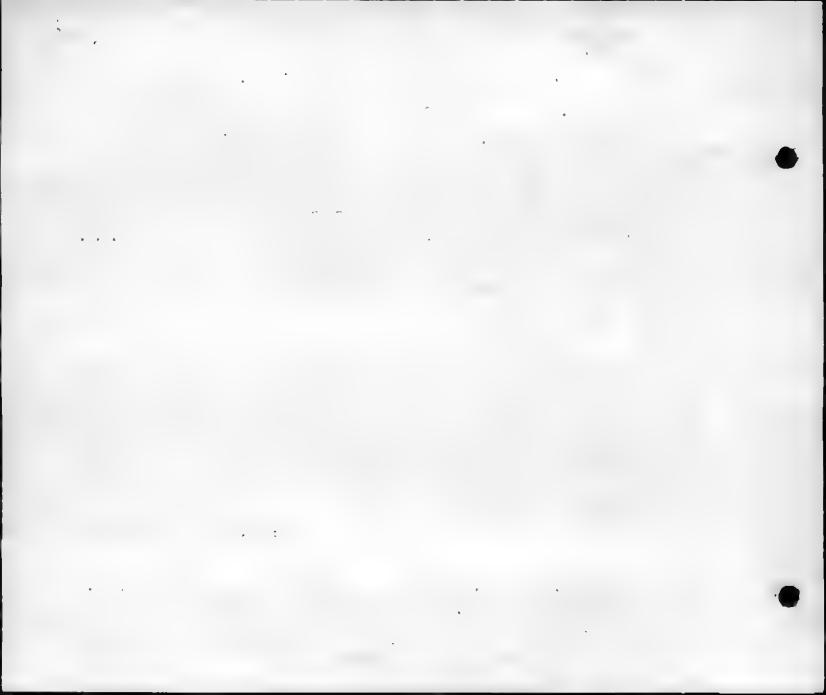


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

FIC	ATE	OF	DEA	TH		()	75	3 5	9

75	25	CERTIFIC	ATE OF DEATH		()	17518
1. PLACE OF DEATH O. COUNTY ALLEGANY		MARYLAN	a STATE	MD . B COUNT		e admission)
5 CITY OR TOWN (IF RURAL and give nea CUMBER LANE	outside corporate limits, write prest town)  MD •	24 DAYS	c CITY OR TOWN (If o	D, MARYLAND	RURAL and give nea	rest fown)
SAME MORTAL	L (14109P) FAL BIVE STORE  WARWICK AVE		d. STREET ADDRESS	LIA STREET		IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print)	ADOLPH	Middle	DUERR	DEATH JU	onth Day	1960
5 SEX MALE	WHITE WIDOW		10-31-1892	9. AGE (In year lost birthdoy) 07 yr:	Months Days	Haurs Min
BE AUT ICLA	ng ife, even if retired)	KIND OF BUSINESS OR IN	GERMANY	or foreign country)	U.S.	WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
WILLIAM			BARBARA RE I			
	IN U. S ARMED FORCES? 16 f yes, give wor or dates of service	SOCIAL SECURITY NO.	MEMORIAL HOSP		AND, MARYLA	4 ND
	TH [Enter only one couse per I	ine for (o), (b), and (c) ]	1 1 +	1	INTE	RVAL BETWEEN ET AND DEATH
1 2 4 1 X	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	morary	Je any	delane		
Canditions, if on	DUE TO Z	Pancal all	Acous		u	ل مد
gove rise to im couse (a), stating the lying couse lost.	mediate	LEEDING	DUODENAL	ULCER		IVR
PART II. OTHE	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	NA. DISEASE CONDITION G	VEN IN PART I(a)	PERFORMED?
	CAUSE OF DEATH	CRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Port II of item 18.)		
20c TIME OF NJURY Have a m	White		PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		(County)	(Stote)
21 I certify that	(I) (this haspital) attended alive an 7/2		m. 6/2-8 19 at death accurred at 9:	20, ta 7/2 Z 25 RnoMethe causes of		
220 SIGNATURE	iem)	nors)	ATTENDING M	ED. STAFF PHYS.		226 DATE SIGNED
PHYSIC AN'S NAME (Type)	DR. GEORGE	M. SIMONS	22d. ADDRESS A LGONQU I N	HOTEL, CUMBE	RLAND, MD.	
230-BURIAL CREMATION	236 DATE THEREOF	23c NAME OF CEMETER	or CREMATORY,	23d LOCATION (City, town		In a
24 FUNERAN DIRECTOR'S	signature,	ADDRESS Lumb			distrar's signatur Lethur S. King	



TO HOS

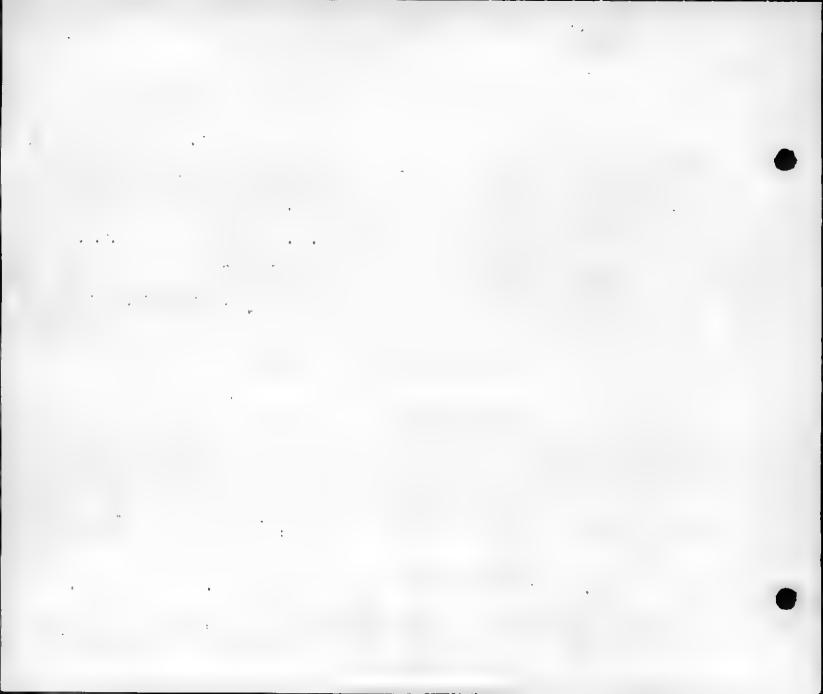
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7526

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	W I									0 (1)
1. PLACE OF DEATH	ALLEGANY		MARYLANI	11	USUAL RESIDENCE (Whe	re decepse	d lived If institution b. COUNTY		EGANY	
h CITY OF TOW	N (If outside corporate iim	its write	c LENGTH OF STAY IN 1	_    _	MARYLAND  CITY OR TOWN (If ou	ituda corno	rote limits write Pi		Man Carlina	
RURAL ond giv	e nearest town)	113, 441116			CUMBERLA		TOTE TIMES, WITTE K	DICAL UNO 9	ive negress	104117
A NIAME OF HO	CUMBERLAND		5 DAYS		d STREET ADDRESS				1	S RESIDENCE
	SP TAMETROR PARL'S H AL & WARWICK				612 LOUI	SIANA	AVE.,			ON A FARM?
3. NAME OF	Fi	rşl	Middle		Last	4. DATE	Mon	th	Doy	Year
(Type or print)	L	ULA	AGNES		EASTON	OF DEATH	JUL	Y	13	19 60
5 SEX	6 COLOR OR RACE	7 MARR	RIED NEVER MARRIED	8 0	ATE OF BIRTH		9 AGE (In years			UNDER 24 HR
FEMALE	WHITE	WIDOWE	ED 🕅 DIVORCED 🔲	00	TOBER 24, 1	881	lost bisthdoy) O yrs	Months	Doys Ho	ours Min
			KIND OF BUSINESS OR IN	DUSTRY	11 SIRTHPLACE (Stote of	ır fareign c	auntry)	12 CITI	ZEN OF WE	HAT COUNTRY
during most of	working life, even if retired	1)			W.VA.			U	J.S.A.	
13. FATHER'S NAME				1	MOTHER'S MAIDEN N	AME				
	EMANUAL EV	ERSOL	E		JENNIE S	OWDER:	S			
15 WAS DECEASED	EVER IN U. S. ARMED FOI	RCES? 16	SOCIAL SECURITY NO 17	INFO			Add	ress		
(Yes, no, or unknown)	( F yes, give war or dates of				EMORIAL HOS	PITAL	, CUMBERL	AND,	MARYL	.AND
18 CAUSE OF	DEATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]	_	1/5/				INTERV	AL BETWEEN AND DEATH
PART I	DEATH WAS CAUSED BY IMMEDIATE CAUSE (c	2)	Con-	- 50	the Indow				1321	
	DUE TO			1	11 461	1.				
Canditions, i	fony which )	-1	( Despe	lite	Klent Da	K				
gove rise to	immediate (		0/11		1 / 4 /	1 1,	1 11			
cause (o), state		-1	(/NI)	1. 51	aut /11, di	Jan	elde Straw	1		
NOILY PART II.	OTHER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO DEATH	UT NO	T RELATED TO THE TERMIN	NAL DISEAS	E COND TION GIV	EN IN PART	P	WAS AUTOPS PERFORMED? ES NO
(IF EITHER, NOT	WAS UNDERLYING ING CAUSE OF DEATH	20b DE5	CRIBE HOW INJURY OCCUI	RRED (I	inter nature of injury in P	ort I or Por	t II of stem 18 )			
ZOC TIME OF IN		or 20d II	NJURY OCCURRED 20e		OF INJURY (Home, farm.	20f (City	y or fown)	{(	County)	(\$10)
Hour o.	10	While	Nat while	roctory	, street, office bldg., etc.					
-			ded the deceased from			5/ia_	July			(I) ( <del>me</del> ) la
	eased alive on 🏒	1263 1	1960 and tha	t dea	th accorred of 2:30	M, PMm	thecausedar	id an the	date st	ated abavi
220 S C 95 6 R	1/ -/	, A			ATTENDING ME	n	STAFF		4	226. DATE
0779	Menully 1	4 lts	)	M.D	PHYS. DIF	D. RECTOR [	STAFF PHYS		7	114/61
NAME (Typ		N HIM	ME LWR I GHT		133 VIRGI	NIA A	VE., CUME	BERLAN	D, M	
23a BURIAL, CREMA	ATION, 236 DATE THERE	OF .	23c NAME OF CEMETER	OR C	REMATORY	23d DCA	TION (City, lawn,	or county)		(Stote)
BULL Spen	July 16,	1960	Rose Hill	20	emelery	Cu	where	nd	Tue	R.
24 FUNERAL DIRECT	ORS SIGNATUR	0	DADDRESS A	-		BY REGIS		STRAR'S SIC		
Val C	I The Von	111.	Va (1. 1)	111	-/.' B111	18'6	مث ا ا	thur S.	/ Upanion	



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

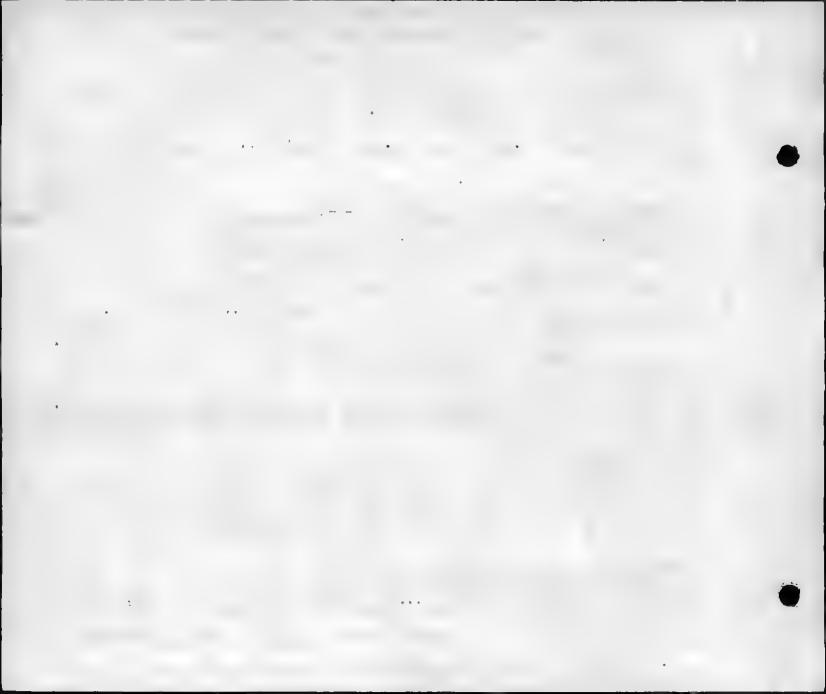
Reg. Dist. No. 2()

1. PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (Where deced		lence before admission)
ATJEGANY	MARYLAND	g. STATE MARYT, AND	b. COUNTY AL	LEGANY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If pulside con	porate limits, write RURAL on	d give nearest town)
CUMBERLAND	KKKKE 5 Hrs.	CUMBERLAND		
d. NAME OF HOSPITAL OR INSTITUTION (IF not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SACRED HEART HOSPITAL,	CUMBERLAND, MD.	25 Arch St.		YES NO
3. NAME OF FIRST	Middle	Losi 4. DATE	Month	Day Year
(Type or print) JOY	Α.	EVANS DEATH	July 22	1960
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF UNDER lost birthday) Months	Days Hours Min.
Penale Willie	OWED DIVORCED	3-1-12	778 Aur	
10o. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country) 12. CIT	IZEN OF WHAT COUNTRY
Housewife	Housewife	West Virgin	ia l	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
EDWARD PORTMESS		RENA CURR	Y	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no. or unknown)   (If yee, give war or dotes of service)	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
No	None S	ACRED HEART HOSP	CUMBERT AND 1	MD.
18. CAUSE OF DEATH [Enfer only one cause per	tine for (a), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
FART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	PULMONARY EDEMA	AND CONGESTION.	MARKED	4 Hrs.
DUE TO				
Canditions, if day, which) (b)	CARDIAC FAILURE			tt
gave rise to immediate cause (a), stating the underlying DUETO				
cause last. (c)	RHEUMAT IC REVEL			years.
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PAI	TT 1(a) 19 WAS AUTOPSY PERFORMED2
3				YES   NOW
PART II. OTHER SIGNIFICANT CONDITION  200. EXTERNAL CAUSE WAS PRIMARY   0 or CONTRIBUTING   20b. DES	CRIBE HOW INJURY OCCURRED. (En	ter nature of injury in Port E or Part !!	of item 18.)	
	TO L WILLIAM OCCURDED TO THE			
Ö Haur a.m.	While Not while facta	E OF INJURY (Home, form, 20f. (Citry, street, office bldg., etc.)	y or town} (Co	unty) (State)
	of work of work			
21. I certify that I took charge of t			nspection 🔼 , Inqui	ry 🔃, and find that
death resulted from: Natural cause	Accident [], Suic	ide 🔲, Homicide 🔲, U	ndetermined cause	].
ACTUAL BURGE	11/1 01	/		DATE SIGNED
SIGNATURE / MICHET	Miarelee	M.D. CHIEF MEDICAL EXAMINER	•	DATE STOTES
EXAMINER'S		ASSISTANT MEDICAL EXAMINI		
NAME (Type) BENEDICT SKITA	RELIC, M.D.D.	DEPUTY MEDICAL EXAMINER		1960
220. BURIAL, CREMATION 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		ITION (City, tawn, or county)	(State)
Burial 7/25/60	Hillcrest Bu			yland
23. FUNERAL DIRECTOR'S SIGNATURE		24a. REC'D BY REGIS	TRAR 24b, REGISTRAR'S SI	GNATURE
H. Lee Silcox Cum	perland Marylan	d DATE UII 26	'60	0-12-

VS. A15ME(5) 5M 9/55

or remayol.

a show



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)

CERTIFICATE OF DEATH

filed with	M
be fi	

1. PLACE OF DEATH

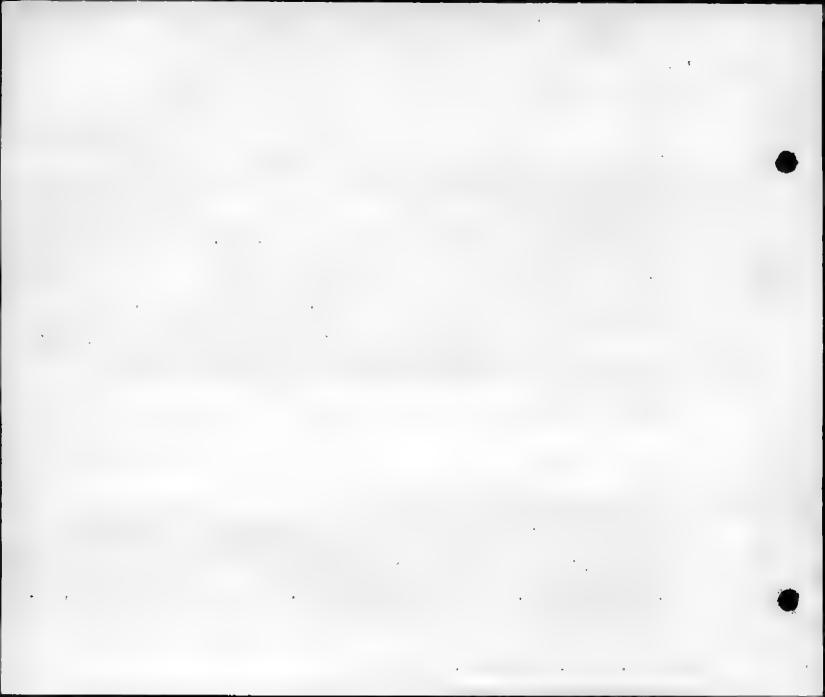
rs ofter death. Page 4

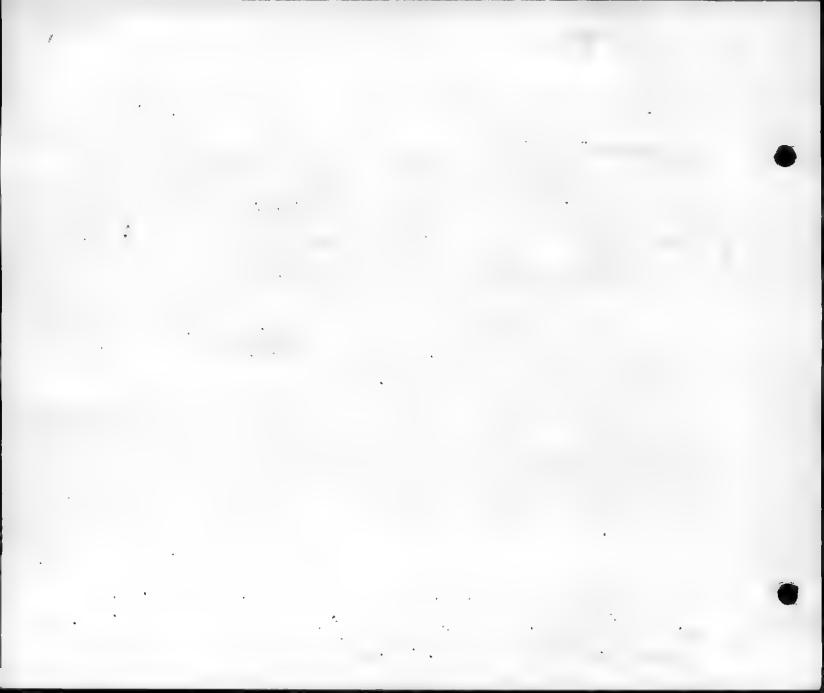
and completely filled in by the funeral director, but popers. Pages 1 and 2 should be filed with moy by Lined by the haspital or attending physician.

The LUNERAL MINECTHER: After this certificate has been signed by the attending page 3 should be detached for use as the burial-transit permit. Then please re the State Board of Health prior to burial, cremation, or removal, and in any every

OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 TO HOS VR A15 (4) 15M 9/59

a COUNTY	MARYLAND	a. STATE		b. COUNTY		
Allegany	:- I	Mary			Llegany	
b CITY OR TOWN (if autside carporate limits, s RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16			limits, write RURAL	and give nearest tawn)	
Cumberland	years		erland		e IS RESIDE	ENICE.
d NAME OF HOSPITAL (If not in haspital, give OR INSTITUTION	streer dooress)	d. STREET ADDRESS	Park Str	eet	ON A FA	ARM?
312 Park Street		F T			1 120 1	10 1-1
3. NAME OF First DECEASED (Type or print)	Middle	Lost	4. DATE OF DEATH -	Month	Day Yea	or 60
Pathy.		ELSER		GE (In years IF U	NDER 1 YEAR IF UNDER 2	
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	y fi	ast birthday) Mar		Min
Female White w	IDOWED DIVORCED D	March 16.1	889	78 yrs.		*****
10a LSUAL OCCUPATION (Give kind of work done	e 106, KIND OF BUSINESS OR INDU			y) 1:	CITIZEN OF WHAT COL	UNTRY
during most of working life, even if retired)	Own Home	Garrett	Co Md.		USA	
Housewife	Own nome	dallect	oo., na.		ODA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	1 NAME			
Edwin Albright  15. WAS DECEASED EVER IN U.S. ARMED FORCES	2 14 SOCIAL SECURITY NO. 17 II	Nancy A	lbright	2 Address	Park Street	F
(Yes, no, or unknown)   (If yes, give wer or dates of service	0)		01.			L
30	none Uh	arles A. Fe	eser Cu	mberland	, Maryland	
18 CAUSE OF DEATH [Enter only one couse		- 11			INTERVAL BETW	VEEN
PART I. DEATH WAS CAUSED BY		1 / 1/1/	7	/ ·	ONSET AND DE	EATH
IMMEDIATE CAUSE (o)	V oroni	2777 71	Dun	1-0-C2-e-	3 scarce	Cope
DUE TO	71 6					
Conditions, if any, which )	North to	1. 1. 0	EV DA 100	NOO =	1	
gave rise to immediate (b)	1 griffee free	yaye y	and a	July 2		
cause (a), stating the under DUE TO	(the s		- 0	/1	1	
ying cause last	* Cutoda	0000	aulo	6 aus	each	
PART II OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL D SEASE CO	INDITION GIVEN I	PART 1(a) 19 WAS AU	
TATI						NO 7
	DESCRIBE HOW INJURY OCCURRE	D /Enter nature of inverse	in Part Lac Part II o	Fitem IB.)		
OR CONTRIBUTING CAUSE OF DEATH	PERSONAL HOW HOOK! OCCORNI	Enter recove or injury	ar (gi) i o (ar ) ·			
20c TIME OF NJURY Manth, Day, Year Hour a.m.	20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Hame, fo	irm, 20f (City or 1	own)	(County)	(State
Haur a.m.	While Nat while fa	ctary, street, affice bldg.,	elc.)			
₹ p. m. 19	at work at work			4		
21 I certify that (I) (this haspital) a	ittended the deceased from	9.7/1	195/10	/-//-	1960 that (1) Awa	,
saw the deceased alive an	1960 and that	death accurred at	i Margin the	causes and a	the date stated a	ibove
22a. SIGNATURE	Milit and	MLD PHYS	MED S	TAFF _	226. D	DATE SIGNED
22c PHYSICIAN'S	ma am	22d. ADDRESS	DIRECTOR P	HYS		779
NAME (Type)			CI			. × -
W. F. Williams M.I	)	122 So.	Center S	treet Cu	mberland, A	vid.
23a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION	(City town, or car	unity) (State)	
Burial 7/14/60	Rose Hill Ma	usoleum	Cumher	land. Na	ryland	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a DE	CID BY DECISTRAD	256 REGISTRAL	S SIGNATURE	
T 1 T 17 A 2		0.475.0	18'60	Cultur	7 S. Thomas	
John J. Hafer, Cumb	erland, Maryland	DATE				





TO HOST OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 are death. Page 4 may be considered by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Baard of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR ATS (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

7530

	Name and the second												
PLACE OF DEAT			MAR	RYLAND 2	USUAL RES				nstitution	Residenc	e before	admissio	n)
b. City OR TOV	VN (If outside corporate li	mits, write c.	LENGTH OF STA			Peterst		FTR	write, RU1	RAL ond g	ive neare	st town)	
RURAL ond g	ve neorest lown)		@O 3 -				,		- Li	7	-2		
d NAME OF HO	OSPITAL (If not in hospital,	give street oddr	29 day	VS.	d. STREET	ADDRESS			ţ:	- F 8	е.	IS RESID	
OR INSTITUTI	on Hea <b>rt Hos</b> pit	٠.٦		1	3053	Upter	n Co	urt.				ON A F	
3. NAME OF		First	Middl	le	ما	1	4. DATE		Month		Day	Ye	or a
(Type or print)	Edith F	E. Daisy					OF DEATH		7/		23		60
S SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARE	RIED B. I	DATE OF BIRT	.н		9, AGE (In lost birtl	5-3-1	Months		Hours	24 HRS Min.
Female	White	WIDOWED	DIVORC	ED []	1/22/1	890		70	yrs		00/5	10013	744411.
10a USJAL OCCU!	PATION (Give kind of work working life, even if retire	k done 10b. KINI	D OF BUSINESS	OR INDUSTR	Y 11. BIRTHP	LACE (State of	r fareign c	ountry)		12 CITE	ZEN OF V	VHATCO	UNTRY
					Ma:	ryland					U.S.	A	
13. FATHER'S NAMI					14, MOTHER'S	MAIDEN NA	AME						
W1	lliam Duckwo	rth		]	Emma.	Green	ne						
S WAS DECEASED	DEVER IN U. S. ARMED FO	RCES? 16. SOC	IAL SECURITY N	0. 17 INFO	RMANT				Addre	\$\$			
(Yes, no. or unknown)	(ii ) set gra voi or dans o	2411,121		Re	scord-	Sacre	ed He	eart	Hos	pita	1		
PART 1.	DEATH (Enter only one DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE T	(o) (M)	or (o), (b), and (c	lyre	rdil	wil	UJ	lecon	ferm	ylu	INTER	SING C	VEEN EATH-
Conditions, gove rise couse (o), sto	DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE T  of only, which to immediate thing the under- lost.	(b) (c) (c)	ruig V	Hype	rail	wil	UI	Tecory	ferm	yli	NSE	Shi	134
Conditions, gove rise couse (o), sto lying couse 1.	DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE T  of only, which to immediate thing the under-	(b) (c) (c)	ruig V	Hype	OT RELATED TO	O THE TERMIN	UL T	LECTURE CONDITION	JELU DN GIVE	Y IN PART	1 1(o) 19	Shi	TOPSY MED?
Conditions, gove rise couse (a), sto lying couse PART II.  20a. ACCIDEN OR CONTRIBU	DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE T  of only, which to immediate thing the under- lost.	(b) (b) (c) (c) (d) (d)	ruig V	LEATH BUT NO						N IN PART	1 1(o) 19	WAS AL PERFOR	TOPSY MED?
Conditions, gove rise couse (a), sto lying couse PART II.  20a. ACCIDEN OR CONTRIBU	DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE TO IMMEDIATE CAUSE  OF IMMEDIATE CAUSE  DUE TO IMMEDIATE CAUSE  OTHER SIGNIF CANT CO  T WAS UNDERLYING TING CAUSE OF DEATH  TING CAUSE OF DEATH  TITIFY MEDICAL EXAMINER  NJURY Month, Doy, Y	(b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO D  LILLE E HOW INJURY  RY OCCURRED  Not white	OCCURRED.		of injury in Po	ort : or Por				1 1(o) 19	WAS AL PERFOR	TOPSY MED?
Conditions, gove rise to couse (a), sto lying couse (b), sto lying couse in Part II.  20a. ACCIDEN OR CONTRIBU (IF EITHER, NO 20c TIME OF II Hour o. 21 I certify	DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE TO immediate of DEATH OF THE OFFICE OF DEATH OF THE OFFICE OF DEATH OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	(o) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO D  LULL  RY OCCURRED  Not while of work  the deceased	OCCURRED. (  20e. PLACE foctor	E OF INJURY	(Home, farm, te bldg, etc.)	20f. (City	y or town)	18.)	(C	(o) 19	WAS AI PERFORM	TOPSYMED? NO [7]
Conditions, gove rise to couse (o), sto lying couse	DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE TO IMMEDIATE CAUSE  OTHER SIGNIF CANT CO  T WAS UNDERLYING TIME CAUSE OF DEATH OTHER MEDICAL EXAMINER  NJURY Month, Doy, Y. m. 19  that (1) (this haspite ceased alive an	(o) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO D  LULL  RY OCCURRED  Not while of work  the deceased	OCCURRED. (  20e. PLACE foctor	(Enter noture	(Home, farm, te bldg, etc.)	20f. (City	y or town)	18.)	(C	(o) 19	WAS AI PERFOR	(Stote
Conditions, gove rise to couse (o), sto lying couse	DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE TO immediate thing the underlost.  OTHER SIGNIF CANT CO  T WAS UNDERLYING TING CAUSE OF DEATH OTHER SIGNIF CANT CO  T WAS UNDERLYING TING TING TO CAUSE OF DEATH OTHER SIGNIF CANT CO  T WAS UNDERLYING TO THE WORLD TO THE WORL	(o) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO D  LULL  RY OCCURRED  Not while of work  the deceased	OCCURRED. (  20e. PLACE foctor	E OF INJURY ry, street, office the accurre ATTENDIN PHYS	(Home, farm, se bldg , etc.)	20f. (City	y or town)  the caus	18.)	(C	(o) 19	WAS AI PERFOR	(Store
Conditions, gove rise to couse (a), stoo lying couse (b), stoo lying couse (couse (cou	DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE TO IMMEDIATE CAUSE  OTHER SIGNIF CANT CO  T WAS UNDERLYING TING CAUSE OF DEATH  TOTHER MONTH, Doy, Y. m. 19  that (1) (this haspite ceased alive an	(a) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO D  LULL  RY OCCURRED  Not while of work  the deceased	OCCURRED. ( 20e. PLACE foctor d from	E OF INJURY ry, street, affice	(Home, farm, se bldg , etc.)	20f. (City	y or town)  the caus	IB.)	(C	(o) 19	WAS AI PERFOR	(Stote
Conditions, gove rise to couse (o), stoo lying couse (o), stoo lying couse (o) and lying couse (o) are lyi	DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE TO THE SIGNIF CANT CO  T WAS UNDERLYING TING CAUSE OF DEATH  TOTHER SIGNIF CANT CO  T WAS UNDERLYING TING CAUSE OF DEATH  TOTHER MEDICAL EXAMINER  NJURY MONTH, Doy, Y. m. 19  That (1) (this haspite ceased alive an  ATION 236 DATE THER	(o) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TRIBUTING TO D  LULL  RY OCCURRED  Not while of work  the deceased	OCCURRED. (  20e. PLACE foctor  d from  M.E.	E OF INJURY ry, street, offic  ath accurre  ATTENDIN PHYS  22d, ADDR	(Home, farm, te bldg, etc.)  194  ad at/U17  RESS	20f. (City)	y or town)  the caus	es and	on the	(o) 19	WAS AI PERFOR	(Stote
Conditions, gove rise couse (o), sto lying couse (o), sto lying couse (o) or lying couse (o). The couse (o) or contribution of	DEATH WAS CAUSED BY IMMEDIATE CAUSE  DUE TO IMMEDIATE CAUSE  DUE TO IMMEDIATE CAUSE  OTHER SIGNIF CANT CO  T WAS UNDERLYING TIMES OF DEATH OTHER SIGNIF CAUSE  T WAS UNDERLYING THE TIMES TO THE T	(o) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	TRIBUTING TO D  LULU  RY OCCURRED  Nol while of work  the deceased  71910 C and  33. NAME OF CER	OCCURRED. (  20e. PLACE foctor  d from	E OF INJURY ry, street, office ath accurre ATTENDIN PHYS 22d, ADDR REMATOR	Home, farm, se bldg , etc.)  Ad at/Off  RESS	20f. (City) 20f. (	the caus  STAFF PHYS  ATTOM (City,	es and	on the	ounty)  Otha  date s	WAS AI PERFOR! (I) (westated of 22b.	TOPSY MED? (State) lass



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDIA

#### CEPTIEIC ATE OF DEATH

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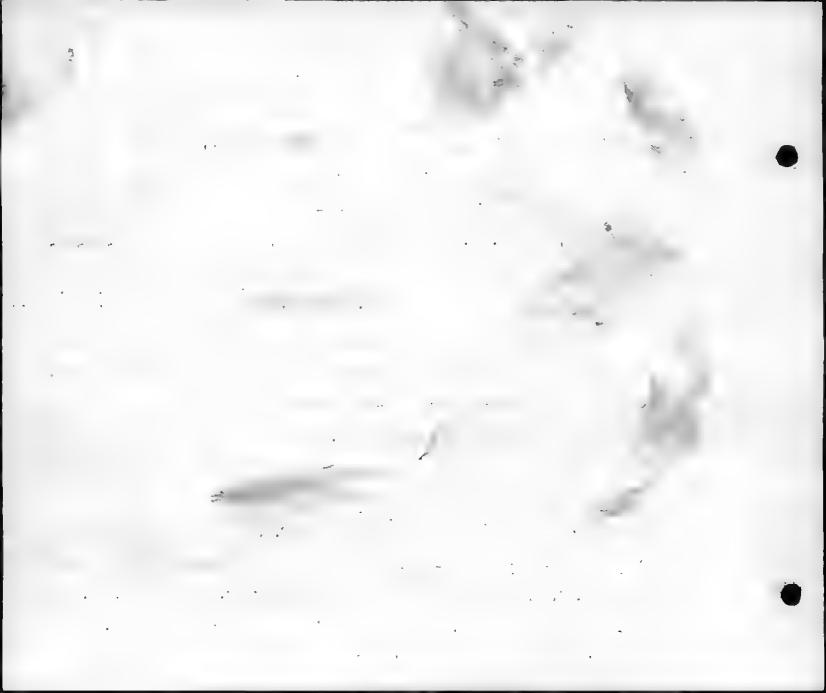
-		(03)	CERTIFIC	AIL OI D	MALIII		Reg. Dist	N8 9 4 4	堂
V	7	PLACE OF DEATH			ENCE (Where deceased		on Residence b	efore odmiss	ion)
T.	/	• COUNTY Allegany	MARYLAND	o. STATE	aryland	b. COUNTY	Alle	gany	
		b. CiTY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN Th	c. CITY OR TO	OWN (If outside corpo	rote limits, write Rl			1)
		Cumberland		() ~~ C	umberland				
		d NAME OF HOSPITAL (If not in hospital, give stree OR INST TUTION	t address)	d STREET AL				e IS RESI	IDENCE FARM?
₹		Sacred Heart Hospital		604	Greene S	t.,			NO X
	3.	NAME OF First DECEASED	Mrddle	Lost	4. DATE OF	Mon	th	Day 1	Yeor
	⊢	(Type or print) Herma		*	nstein DEATH	7			1960
	5.	SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years Jost birthday)	Months Da		ER 24 HRS Min
		Male White WIDOW		10-15-9	<i>d</i>	66 yrs.			
	100	o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)						OF WHAT C	OUNTRY?
	-	- 1	S. Post Of		land, All	egany C	o. U.	S. A	L =2
	13	FATHER'S NAME		14. MOTHER'S					
		Julius Grabenstei			ry Martz				
	15.	, WAS DECEASED EVER N.U. S. ARMED FORCES? 16 ms, no, or unknown) (If yes, give war or dates of service)		INFORMANT	C Cm. l	Addr	ess Cumb	. Md.	C+
	_	No.		rs. Mary	C. Grabe	enstein			
g de la companya della companya della companya de la companya della companya dell		PART I. DEATH WAS CAUSED BY:					Ċ	NTERVAL BE	DEATH
		IMMEDIATE CAUSE (o)	Myocardial .	railure -				l day	<u> </u>
		DUE TO		**	* *				
		gave rise to immediate!	ronary Arterio	sclerosis;	myocardia	l diseas	9	9 yrs	3.
		couse (o), stating the under-						0	
	z	PART II. OTHER SIGNIFICANT CONDITIONS	contributing to Death B			E CONDITION GIV	EN INI PART 10	1 10 WAS	ALITOPSY
1	FICATION				ITE TERMINANE O SENSI	E CONDITION GIV	EIA HA FAK. I(c	PERFO	RMED?
	FIC		cht: Complete :		injury in Part Lor Par	t II of item IB I		I LES [	NO EX
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Server 1907 WOOK! Geeok	NED (BILLY HOISE OF	mary in Part 1 5. Tol.	, , , , , , , , , , , , , , , , , , , ,			
	MEDICAL		INJURY OCCURRED 20c.	PLACE OF INJURY (H	lome, farm, 20f (City	or town)	(Cour	ıty}	(State)
	MED	Haur a.m. While p.m. 19 at wa	e Not while ork at work	factory, street, affice	piag., etc.)				
		21. I certify that I attended the decea	sed from May 16.	1951 19	to July 10	1960	that I last	saw the d	eceased
1			60 , and that dea						
			,			treet, city or town,			E SIGNED
		SIGNATURE Communication	erf	_M.D				7/12	2/60
		PHYSICIAN'S							
		NAME (Type) Dr. S. M. Jac	obson	50_I	esshing St	Cumbe:	rland,	Md.	
	220	P. BURIAL CREMATION 226 DATE THEREOF	22c NAME OF CEMETERY			TION (City, fown, o		(Stote	e)
r'		Burial   1/13/60		& Paul's		mberlan			
	23.	charles L. George	Cumberland.	M/4	24a REC'D BY REGIST		STRAR'S SIGNA	TURE	
		Ordittes H. George	oumber rand,	DE SE S	DATEJUL 1 4 '60	ant	lun & Han	a.A.	

TO HOST

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 after death. Page 4 may be clined by the haspital ar ottending physician.

TO ILUMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then places canbon papers. Pages 1 and 2 should be filed with the registror priar to burial, crematian, or remaval, and in any event within 72 bours after death.

VS A15 (4) 15M 9/58



7532

CERTIFICATE OF DEATH

1.	o. COUNTY A	LLEGANY		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYL)		d lived IF instituti b. COUNTY	on: Residence bel		ssion)
	B. CITY OR TOWN ( RURAL and give in CUMBERL	If outside corporate limi earest town) AND	ts write	c, LENGTH OF STAY IN 15	c. CITY OR TOWN (IF C	RLAND,	rate limits, write R	URAL ond give n	earest tow	vn)
	MEMORIA	L HOSPITAL	A VE		d. STREET ADDRESS	YETTE	STREET		ON	A FARM?
3	NAME OF DECEASED (Type or print)	Fir	NKL I I	Middle P	Lost HALLER	4. DATE OF DEATH	Mon JUL		Day	Year 19 60
5.	MA LE	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	,	9. AGE (In years lost birthdoy) yrs.	Months Doys	-	
1	during most of wor	ON (Give kind of work in the life, even if retired	done 10b	S Lue CO	CUMBERLAND  14. MOTHER'S MAIDEN N	o, MO.	ountry)	U.S.		COUNTR
		LIN P. HALL			BERTIE CO	OOK				
15 (Y	WAS DECEASED EVI	R IN U.S. ARMED FOR (If yes, give war or dates of s			MORIAL HOSPI	ră L	CUMBE	RLAND, M	<b>D</b> .	
	Conditions, if of gove rise to couse (a), stating lying couse lost.	the under-	)		Vase	uls	des		De	-60
CERT.FICATION	20a ACCIDENT W	HER SIGNIFICANT CON  AS UNDERLYING   G CAUSE OF DEATH  MEDICAL EXAMINER)		CONTRIBUTING TO DEATH BU				IEN IN PARTI(0)	PERF	S ALTOPS FORMED? NO Z
MEDICAL (	20c. TIME OF INJUI Hour a.m. p m	-	or 20d I While of wor	Not while fo	LACE OF INJURY (Home, form octory, street, office bldg, etc		or fown)	(Count	у}	(Stot
	21   certify the saw the decea 220   SIGNATURE 22c. PHYSICIAN'S		attender 5	ded the deceased fram 3-19 Cond that	ATTENDING	PM PMm			ite state	
234	NAME (Type)  D. BUR AL, CREMATIC  REMOVAL (Specify	ON, 23b. DATE THEREC	LLIAN	23c. NAME OF CEMETERY C	122 S. CEN	·	T., CUNE			ate)
24	FUNERAL DIRECTOR	'S SIGNATURE	2.	ADDRESS / W		D BY REGIS		STRAR'S SIGNAT		

rs after death. Page 4

TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 are death. Page 4 may need by the hosp tool or attending physician.

TO ILUNERAL LIRECTOR: After this mentificate has been signed by the attending physician and commetely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon appers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, with 72 hour ofter death

VR A15 (4) 15M 9/59



TO HOSE TERMINE PHYSEIAN: The law require that the Leath certificate be executed within 21 May be aloned by the haspital or otherwise physician	ye. THE INNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled you a shauld be detached for use as the burial-transit permit. Then please remaye attorn appears. Pages I tha State Board of Health prior to burial, crematian, or remayal, and in any event, othin 72 hours after death.
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w rec	ansit 1, or
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AN: 1	cate he bu
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VR A1	9/59

DIVISION من يمريمو	MARYLAND STAT	E DEPARTMI	ENT OF HEALTH  — BALTIMORE 1, MARYLAN  DEATH
7533	CERTIFIC	CATE OF D	EATH
		2. USUAL RES	IDENCE (Where deceased lived. If it

	7533	CERTIFICA	TE OF DEATH	H	075	526
1, PLACE OF DEATH g. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (V		CONTRACTOR OF THE PARTY OF THE	e before admission)  Cany
b. CITY OR TOWN (I RURAL and give ne Cumber		c. LENGTH OF STAY IN 16 6/22/60		f outside corporate limi erland	ts, write RURAL and g	ive nearest town)
d NAME OF HOSPIT OR INSTITUTION	Al (If not in hospitol, give street legany Coun		d. STREET ADDRESS	Shriver A	venue	e. IS RESIDENCE ON A FARM? YES NO.
3 NAME OF DECEASED (Type or print)	Florence	Mac Mac	Hartman		July	2, 1960
5. SEX Fomale	White WIDOW		6/2/1878	82	Oirthdoy)  Months  yrs.	TYEAR IF UNDER 24 HRS. Days Hours Min,
Retired:	ON (Give kind of work done 10b. king life, even if retired)  Registered N		Cumberl	and, Mary		S. A.
	Ernest Hartm			elmina De		iha wi and Mi
	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dottes of service)		nformant P.O.B. legany Cou			ords
	mmediate (0)	hyonic ne facility on (c).] Gerelera	your li	al Lugariob c	lerosi	INTERVAL BETWEEN ONSET AND DEATH
cause (o), stating lying cause lost.	the under DUE TO (c) HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	alvula I NOT RELATED TO THE TER	MINAL DISEASE COND	A SUSCE	1(a) 19 WAS AUTOPSY PERFORMED? YES   NO
尚 (IF EITHER, NOTIFY	AS UNDERLYING [ 20b. DES	CRIBE HOW INJURY OCCURRI	ED (Enter noture of injury	in Port I ar Part If of it	em 1B }	
Y 20c. TIME OF INJUR Hour o.m.	Y Month, Doy, Year 20d. I 19 White of wor	Not while fo	LACE OF INJURY (Home, fo actory, street, office bldg., o	orm, 20f. (City or town	n) (C	aunty) (State
21 I certify that saw the deceast 220 SIGNATURE	at (1) (this haspital) attended at a five an 7/1/60	ded the deceased fram. 19, and that Z Lea	deall accurred at	MED STAF	auses and on the	date stated above 22b DATE SIGNED
22c PHYS CIAN'S NAME (Type)	Dr. James E	. McLean	22d. ADDRESS 49 Gree	ne St., (	Cumberlan	
23a. BURIAL, CREMATIC REMOVAL (Specify) Burial	7/5/60	St. Luke's	lemetery	Cumberla		(State)
24 FUNERAL DIRECTOR Ruth E. S		ADDRESS	250. RE	JUL 5 '60	25b. REGISTRAR'S SIC	,



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

necessary, please exeriar. Page # shauld be certificate shauld



s ofter death. Page 4

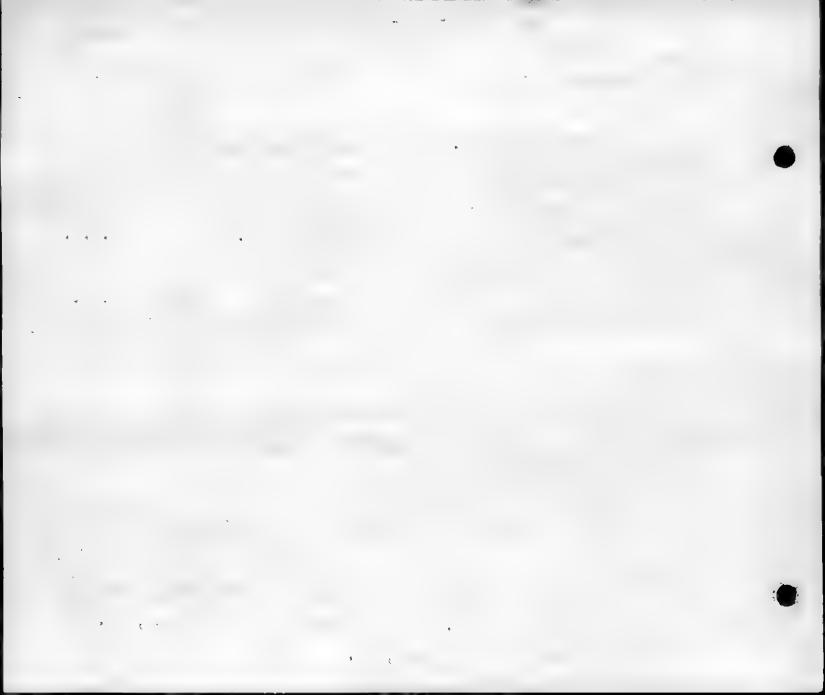
1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	7535		CERTIFIC	ATE	OF DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0752	8
1. PLACE OF DEATH	egany		MARYLAN		o Maryland		If institution: R	es dence befare	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumberland			b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cumberland					
d name of hospi or institution	303 Colu	mbia			d. STREET ADDRESS	umbia.	ST.	1	IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	MARGARE	rst TT	Middle	Н	DBAN Lost	4. DATE OF DEATH 7/	1/1960	) Day	Year 19
s. sex Female	6. COLOR OR RACE White	7. MARRIEI	D NEVER MARRIED		ept,6th.	9. AG	4 1 4 1		F UNDER 24 HRS Hours Min.
10a. USUAL OCCUPAT during most of war	ON (G ve kind of work king life, even if retired Housewife	1)	ND OF BUSINESS OR IN			or fareign country) MD •	1	U.S.	A.
13. FATHER'S NAME		Sulli	van	1.	Ann Bre				
IS WAS DECEASED EVI	ER IN U. S. ARMED FOI (if yes, give war or dates of		None	Wi.	mant lliam Hoba (SON) /	an (	Address Sumberl	and, MI	).
Conditions, if a gove rise to couse (a), stating lying couse lost.	the under-	o) o	NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN 1	N PART 1(0) 19.	WAS ALTOPS! PERFORMED?
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER	20b DESCR	IBE HOW INJURY OCCU	RRED. (E	nter noture of injury in I	Port I or Part II of	item 18 )		YES NO
20c TIME OF INJUI Hour o.m., p.m.	RY Month, Day, Ye	20d INJ While at work	Not while		OF INJURY (Home, form, street, affice bldg., etc.		vn)	(County)	(State
21.1 certify the	\	i) altende	d the deceased from	- Z	h occurred at	M, from the	la 2		t (I) (we) las stated above
22c PH SKIAN'S NAME (Type)	Jekchen	de		ΜD		ED. STA	St. a	Ind, i	1 PAGE OF ALIGNER
23a BLR AL CREMAT C REMOVAL (Spec fy Burial		50	St. Patri	cks	Cemetery				(State)
GEORGE I		L	ONACONING,	MI	250. REC'I	MA Meisura		R.STSIGNATION	



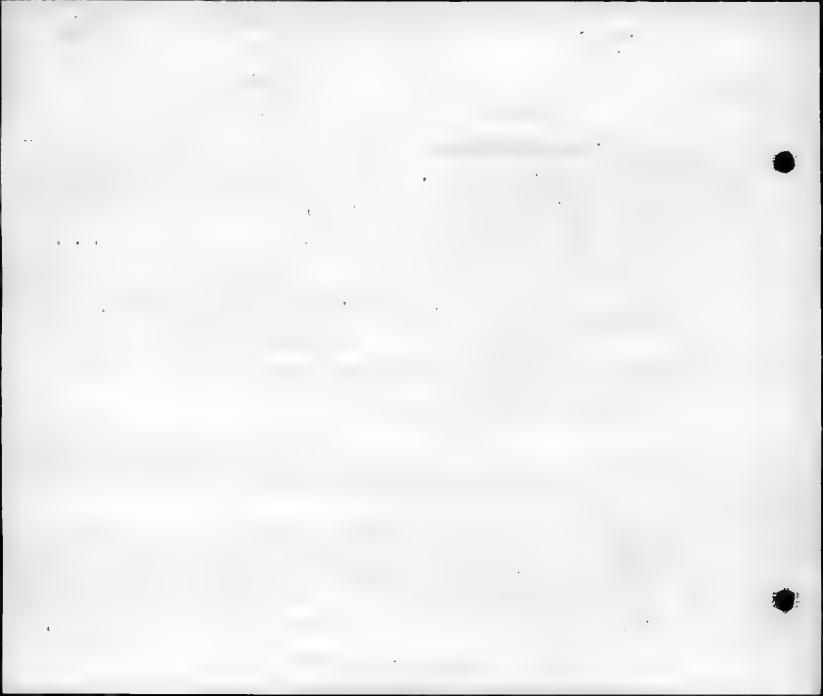
VR A1S (4) 15M 9/59

7568

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

#### **CERTIFICATE OF DEATH**

	1, PLACE OF DEATH			2. USUAL RESIDENCE (W	m n h	If institution Residence	
	A.	Llegany	MARYLAND	Mary	Tario	WALL	.egany
	b. CITY OR TOWN (I RURAL and give no	f outside corporate fimits, write earest tawn! Frostbur		II V .	outside corporate limit	s, write RURAL and giv	ve nearest town)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give street	t address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	OK III SIII OILOIT	Miners Hosp	ital				YES NO 🔀
	3. NAME OF DECEASED (Type or print)	Cora	Middle B•	Hoover	4. DATE DEATH	Month July	23 19 60
-	5 SEX	6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE	(In years IF UNDER )	YEAR IF UNDER 24 HRS
	Female	White wipov	VED NO DIVORCED	Oct 26,187	6 8	yrs Manths C	Pays Hours Min
_	106 USUAL OCCUPATION during most of world House	ON (Give kind of work done 10) king life, even if refired) WORK	Own Home	Lonaconi	25		EN OF WHAT COUNTRY
	13. FATHER'S NAME	<u>.</u>		14 MOTHER'S MAIDEN	NAME		
		UNKNOWN		Ţ	INKNOWN		
	15. WAS DECEASED EVE [Yes, no, or unknown]	R IN U. S. ARMED FORCES? 1(If yes, give war or dates of service)		Mrs. Sylvia	Keller	, RFD 1 H	ROSTBURG
	18. CAUSE OF DEA	ATH [Enter only one couse per	line for (a), (b), and (c)-]		ſ	r	INTERVAL BETWEEN
	PART I, DEA	TH WAS CAUSED BY:	oreleval is	scular	reciden	1	48 mx
	dou.	DUE TO	1 0				
	Conditions, if		Menoscle	0515			Hecens
	gove rise to i couse (a), stating lying couse last.		cabet n	rellitus			2 whs
	PART 11. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COND	TON GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTI						YES NO
	U (IF EITHER, NOTIFY	AS UNDERLYING   206. DI G   CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of ite	ന 18.)	
	20c. TIME OF INJUR	Whi	fa.	ACE OF INJURY (Home, for ctory, street, office bldg., e		) (Co	ounty) (Stote
		ot (I) (this hospital) atter	nded the deceased from	7.	056 to Jul	J 196	that (I) (we) los
	sow the decea			death occurred of ${\cal P}$	M, from the co	T .	1 ( 1 )
	220 SIGNATURE	2001					22b DATE SIGNE
	30	mily	NAM	M.D. PHYS.	MED STAF		
	22c PHYSICIAN'S NAME (Type)	R. MILES	SR. M.D	22d ADDRESS	Son	acomi	ng mid
	230 BURIAL, CREMATIC	- 1-/1/-		OR CREMATORY	23d LOCATION (C	ly, town, or county)	(State)
	Buri areity	7/26/60	Vale Summ	it Cemetery	Val	e Summit	Md.
	24, FUNERAL DIRECTOR		ADDRESS		0.0.100	25b. REGISTRAR'S SIGI	
1	George 1	Eichhorn	Lonaconing, I	laryland J	UL 28'60	CANDAN A. 1	P. P. Commun.



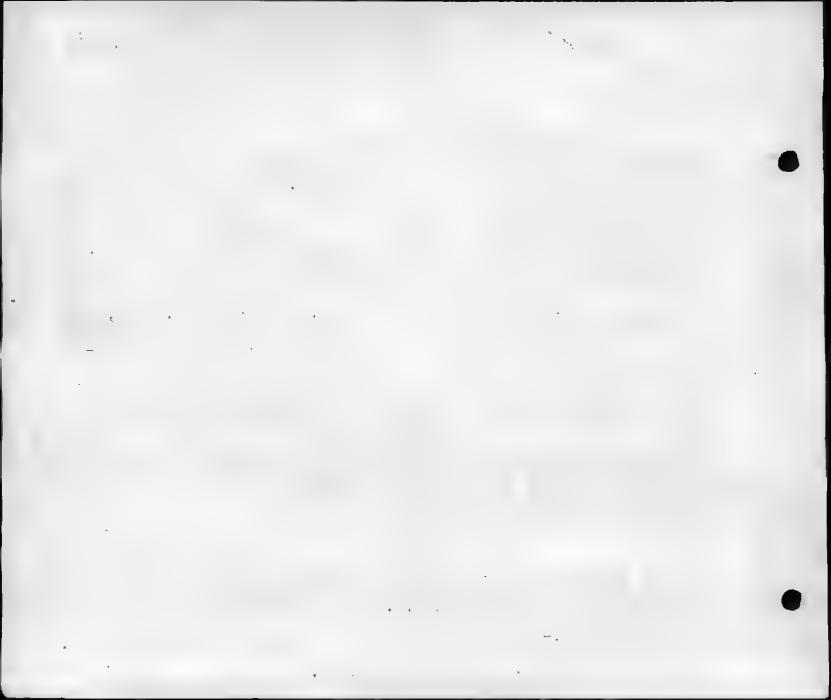
DIRECTOR: O FUNE VS A15 [4]

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1			MAKILAND STATE DEPARTMENT OF REALTH—BALLIMOKE, 18	n hw O a
FOR ST			Ttems 5,6,7 rilmicul 7-28-00 et	9.4.231
HEALTH	DEPT.		LACE OF DEATH  [2. USUAL RESIDENCE (Where deceased lived. If institution	Residence before admiss on)
Page es.	(A)		Allegany MARYLAND Wanyland B. COUNTY A]	legany
P P P P P P P P P P P P P P P P P P P	CAX "	Α.	end give nearest found	L and give nearest town)
rector you	4	Personal Print	Prostburg 170 years Frostburg  NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS	Te IS PE, DIN E
4 To G	1		226 East Main 226 East Jain	ON A FARM?
tate tath	A	3	VAME OF First Middle Last 4 DATE Month	Doy Year
Pre fine fine fine fine fine fine fine fin	7		George Hunter Sr. July	19 1960
f an to t		5. 9	EX 6 COLOR OF RACE 7. MARRIED 1 NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In year) IF U	NDER TYEAR IF JNDER 24 HRS
h, l yd 3 2 wi			Male White Whowed Divorced 17-29-1000 90 ym	
2, ar		1_9	uring most of working life, even if refired)	L CITIZEN OF WHAT COUNTRY?
Fire P. 1. P. I. P. I. I. P. I.			tired Miner   Coal Mines Staffordshire, England	U.S.A.
PM3				
ve Porm		15.	WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT	*1~
in for		Jir.	No None Pone Fdward L. Funter, 223 E. in	ain Fracthur
With 18.			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]	INTERVAL BETVE IN
Item Glon it po			PART I DEATH WAS CAUSED BY:  Gastric Homorrhage, Massive	5-10 Min
recu fice fans			JFC . O DUETO	
S O O O			Conditions, if ony, which by Peptic Ilcer	(2)
in in particular			(a), stoting the underlying DUE TO	
short rami	•	Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY
ending of Es		Ĭ,	Windowskii Windows W V	PERFORMED?
d replaced by the second		MER	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING []  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1) of Hem 18.)	
ware Mark of Maria		L CE	CAUSE OF DEATH.	
Chie Chie ta ta		2	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) factory, street, office bldg., etc.)	(County) (State)
ling line line ge 3		MEDI	p. m. 19 of work of el work	
Write To Po Po Po			21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection X, In	
rdec TOR			opinion death resulted from: Natural couses 🔯. Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermin	ed monner []
REC .	*		SIGNATURE Benedict Skitarelia M.D. CHIEF MEDICAL EXAMINER []	DATE SIGNED
MEE Ce for			ASSISTANT MEDICAL EXAMINER	
desi			EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. DEPUTY MEDICAL EXAMINER X July 1	9, 1960
Share TUN its		220	BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or cou	(Stote)
5 4 5 p		-	Surial 17-21-60 Prostburg Memorial Park Frostburg	Md =
VS. A15ME		73.	4 / // 1 4	_ 44
5M 2/97		1	while & Muritisant 23 E. Main, Frostburg, Md DATE III 25'60   City	& thous



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7537

07532

Reg. Dist. No.

- 1	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If imitivition: Residence before admission)  a. STATE
	Allegary MARYLAND	Maryland b. COUNTY llegany
	b. CITY OR TOWN III outside corporate limits, write RURAL ond give necrest towns	c. CITY OR TOWN (If autiliae corporate limits, write RURAL and give nearest town)
-	Cumberland DOA	Cumberland
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
L	Sacred Heart Mosaital	19 Harrison Street YES NO []
1	NAME OF First Middle	Lost 4. DATE Month Day Year
1	(Type or print) CA RIE	HISCH DEATH July 2 19 60
3		B. DATE OF BIRTH 9. AGE III yours   IFUNDER 1YEAR IF UNDER 24 HRS.
	WINDOWS C. PARAMETER C.	(mit burthday) Months Days Hours Min.
		Oct.30, 1888 71 ym
- 11	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	Housevife Own dome	Capon Bridge, J.Va. USA
ı i	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	54172	Samuel Co. of the
	11111.00 Barrow  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Sarah Gossawick
	Yes, no, or unknown) (If yes, gave war or dates of service)	learoru road
Ŀ		harles Saanholtz Cumoerland, Haryland
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVA, BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6) CORONARY	OCCLUSION 15-20 Min.
1	LA LC DUETO	
	Condition it was abid.)	SCLEROSTS
	gave rise to immediate couse	SOMERIOSIO 444
	(o), stoting the underlying DUE TO	
	cause lost. (c)	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	5	YES NO 🛣
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	(Enter nature of injury in Part I ar Part II of item 18.)
	CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20g. PLA	ACE OF INJURY (Home, farm, 120f. (City or town) (County) (State)
	Hour a.m. While Not while fac	tory, street, effice bldg., etc.)
-   :		
	21. I certify that I took charge of the remains described abo	ave, held an Autopsy 🔲, Inspection 🔽, Inquiry 😨, and find that
	death resulted fram: Natural causes 📶 Accident 🔲, Su	icide 🔲, Hamicide 🔲, Undetermined cause 🔲.
	1 1716	
	SIGNATURE Desirbert Skiterelic	CHIEF MEDICAL EXAMINER
	SIGNATORE LEAGUE CONTRACTOR OF THE PROPERTY OF	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S	OCCUTY ALCOHOL EVANIMES ES
-	NAME (Type) RENEDICT SKTTARELIC, M.D.	# JUIII 2 1,700
1	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	
	Burial 7/6/60 Zion Memoria	
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
J	ohn J. Hafer, Cumberland, Maryland	DATEJUL 8 '60 arthur S. House
		the state of the s

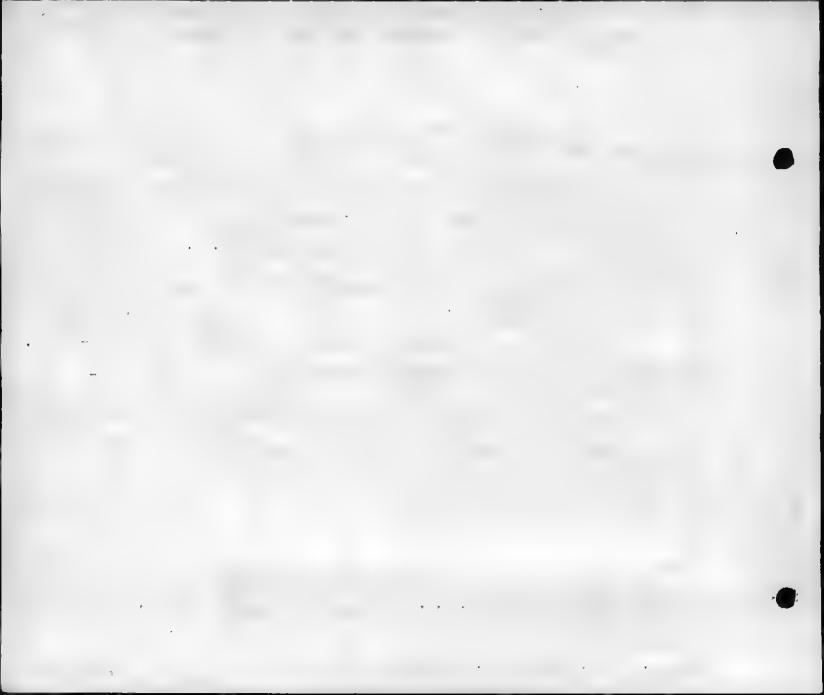
TO DEPLITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed entitione, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the fune: "ector. Page 4 should be farws and to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your ries.

THE FENERAL DIRECTOR: Page 3 should be used as a burial-thinsit permit. File pages 1 and 2 with the registrar prior to perfor cremation,

Evi

VS. A15ME(5) 5M 9/55

ar removal.



07533

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) . STATEWEST VIRGINIA a. COUNTY b. COUNTY **ALLEGANY** MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give pearest town) RURAL and give nearest town) PAW PAW CUMBERLAND DAYS d NAME OF HOSPITAL (Final in hospital, give street address)
OR INSTITUTION MEMORIAL HOSPITAL
MEMORIAL WARWICK AVES IS RESIDENCE d STREET ADDRESS ON A FARM? BOX YES NO NAME OF 4. DATE Middle Last Month Year Day DECEASED OF DEATH KLINE JOHN JULY 26 60 (Type or print) 19 S SEX IF JNDER 1 YEAR IF JNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost butteday) Months Days Hours WHITE MALE WIDOWED [ DIVORCED [ 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S.A. Orchard Worker Morgan County Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN KLINE AMANDA RAINER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Kline. Yes 232-IO-246 Paw Paw CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c) INTERVAL BETWEEN ONSELAND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost CERTIFICATION PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, tEnter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY 20e. PLACE OF INJURY (Home form, 20f (City at tawn) Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while 19 at wark ot work p m 19 60 that (1) (we) last 21 I certify that (I) (this haspited) attended the deceased fram. 20 and that death accurred at 2:08, PM6 the causes and on the date stated above saw the deceased alive an 22a SIGNATURE GNED ATTENDING MED DIRECTOR PHYS 22c PHYSICIAN" 22d ADDRESS OUTH CENTRE ST., CUMBERLAND, NAME (Type) 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY CREMATION 23d LOCATION (City, town, or county) (State) Camp Hill Cem-Morgan ADDRESS 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Funeral Home Berkeley Springs. JUL BYAGOW 2 9 '60 Chilling & Kraus

detached far After DIRECTOR: pe should TO FUNERAL 123 page 3 the State VR A1S (4) 1SM 9/59

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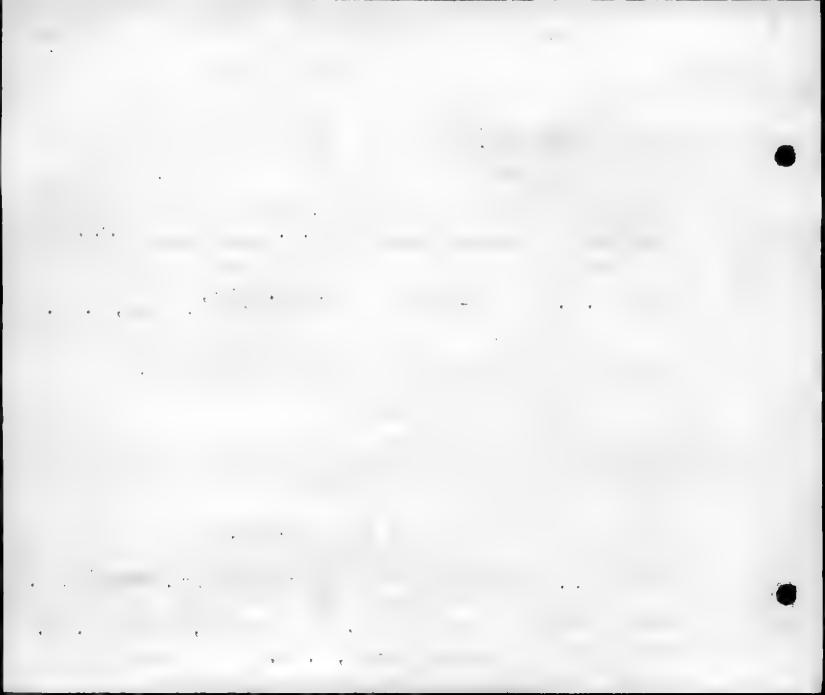
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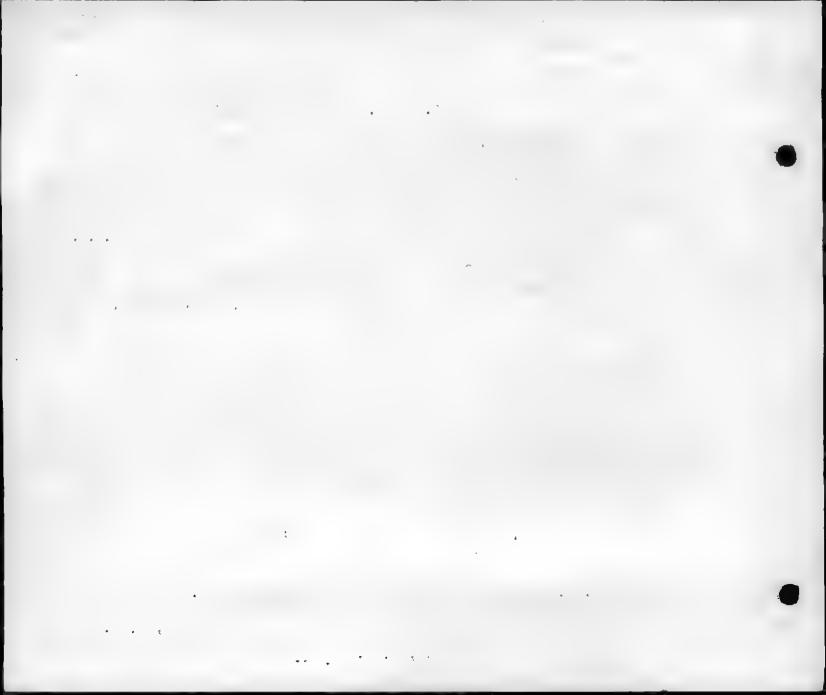
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Pages 1

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death certificate



VS. A15ME(5) 5M 9/55

7540 MEDI	CAL EXAMINER'S	CERTIFICAT	E OF DEATH	U7535	
PLACE OF DEATH o. COUNTY Allegany	MARYLAND	G STATE	here deceased lived. If institutions  1 and b. COUNTY	Residence before admission) Allegany	
b. CITY OR TOWN It outside corporate limits, write RURAL ond give nearest sewn)  Cumberland,	c, LENGTH OF STAY IN 16	Cumber	outside corporate limits, write RUR.	AL and give nearest town)	
d. NAME OF HOSPITAL OR INSTITUTION (IF not Box 472 Winifred Rd		Box 472 Wi	inifred Rd.	IS RESIDENCE     ON A FARM?     YES    NO [X]	
Male White win	MARRIE MARRIED   d.	CHLITER DATE OF BIRTH Feb. 11, I	899 61 yrs. Mo	20, 1960 UNDER TYEAR IF UNDER 24 HRS. nihs Doys Hours Min.	
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tire dispatcher  13. FATHER'S NAME	Kelly-Tire Co.		Co. W. Va.	2. CITIZEN OF WHAT COUNTRY  U. S. A.	
Emmor T. Lechlites  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no, or unabnown]  No.  [18 yes, give wor or doles of service)	16. SOCIAL SECURITY NO. 17. IN	Mary C.	Largent	umb. Md. F	
PART 1. DEATH WAS CAUSED BY:			HOURITUE DON	interval between onset and death 10-15 Min	
Conditions: if any, which by gove rise to immediate couse (a), stating the underlying DUE TO	STRANGULA	TION		99	
PART II. OTHER SIGNIFICANT CONDITION  PART II. OTHER SIGNIFICANT CONDITION  20a. EXTERNAL CAUSE WAS PRIMARY II or CONTRIBUTING II CAUSE OF DEATH	HANGING NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NALDISEASE CONDITION GIVEN II		
	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port	l or Part II of item 18.)		
	20d. INJURY OCCURRED 20e. PLAC While Not while focto of work of work	CE OF INJURY (Home, form, ory, street, office bldg , etc.)	20f. (City or town)	(County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection _X, Inquiry _X, and find that death resulted fram: Natural causes, Accident, Suicide _X_, Hamicide, Undetermined cause					
SIGNATURE Benedict &	Retardie	_M.D. CHIEF MEDICAL EXA		DATE SIGNED	
220. BUR AL, CREMATION, 22b. DATE THEREOF	TARELIC, M.D.  22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or to		
Burial" 7/23/60 23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George	ADDRESS Cumberland, B	24a, REC'D	BY REGISTRAR 246. REGISTRAN 2 2 '60 Carling		



PLACE OF DEAT

b. CITY OR TOV

and give regre

a. COUNTY

	TATE DEPARTME			The state of the s	18	
7541 MEDICAL	L EXAMINER'S	CERTIFICAT	E OF	DEATH	Reg. C	Dist.
H		2. USUAL RESIDENCE (V	/here deces	ed lived If Institu	tion: Resid	dence b
Allegany	MARYLAND	o. STATE Marvl	and	b. COUNT		legi
/N (If outside corporate limits, write RURA).	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		porate limits, write		
berland	16 hrs	Cumber	rland			
SPITAL OR INSTITUTION (If not in hosp	itol, give street address)	d. STREET ADDRESS				
orial Hospital		516 F	ort A	venue		
First	Middle	Lest	4. DATE	Ment		Dey
HERMAN		ITTLE	DEATH	July	31	
6. COLOR OR RACE 7. MARRIEL	NEVER MARRIED   B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IFUNDE	
White WIDOWED		May 16, 190	1	59 yrs.	Manths	Days
PATION (Give kind of wark done 10b. KI orking life, even if retired)	ND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State	ar foreign a	ountry)	12 CF	TIZEN
ed Brakeman B &	O Railroad	Cumberlan	d. Ma	ryland	1 1	USA
E		14. MOTHER'S MAIDEN N	IAME			
es H. Little		Mary Ann	Jacks	on		
D EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	IFORMANT		516 <sup>Adfro</sup> 8	rt A	ven
70	5-07-9572Mr	s. Mary P.	Littl	Cumber	land	M
annual Taranta and the state of	1.6 21 1 1 2 1 7					

2536

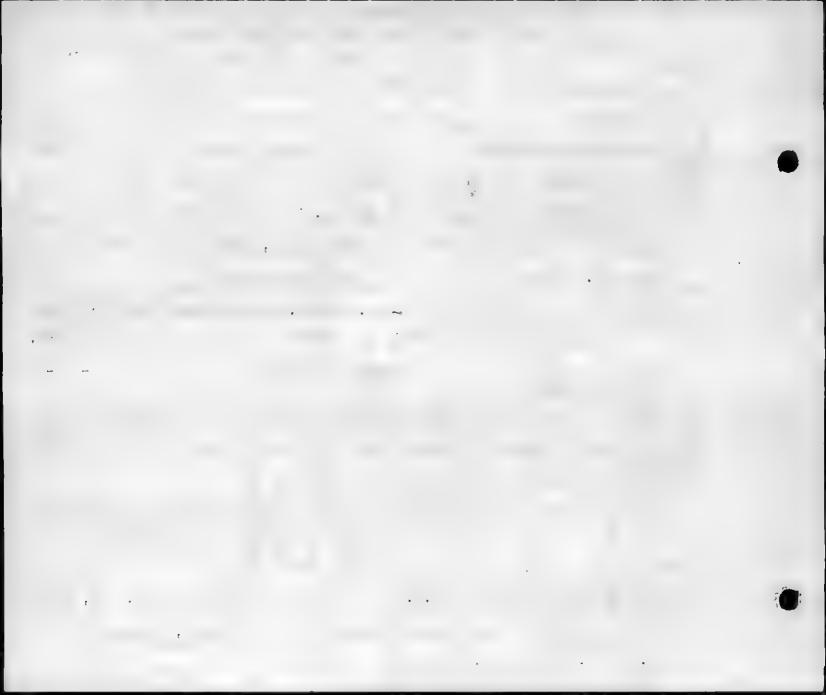
efore admission

nearest tawn)

any.

Cul d. NAME OF HO e. IS RES DENCE ON A FARM? YES NO Men NAME OF Year DECEASED (Type or print) 19 60 IF UNDER 24 HRS. 5. SEX Haurs Male 10g, USUAL OCCU OF WHAT COUNTRY? during most of w Retir 13. FATHER'S NAM Char 15 WAS DECEASE [Yes, no, or unknown] no. aryland INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION % 5 Hrs IMMEDIATE CAUSE (a) DUE TO CORONARY SCLEROSIS Canditions, if any, which gave rise to immediate couse DUE TO (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) Hour q. m. Not while at work at work p. m. Inquiry [2] 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection death resulted from: Natural causes 12. Accident . Suicide | Homicide | Undetermined cause DATE ESTREET ACTUAL CHIEF MEDICAL EXAMINER [ SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC, M.B. AUG. " 2, 1960 DEPUTY MEDICAL EXAMINER NAME (Type) 220. EURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) 8/2/60 Cumberland, Maryland Greenmount Cemetery Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 3 John J. Hafer, Cumberland, Maryland Circles S. Kraus

VS. A15ME(5) 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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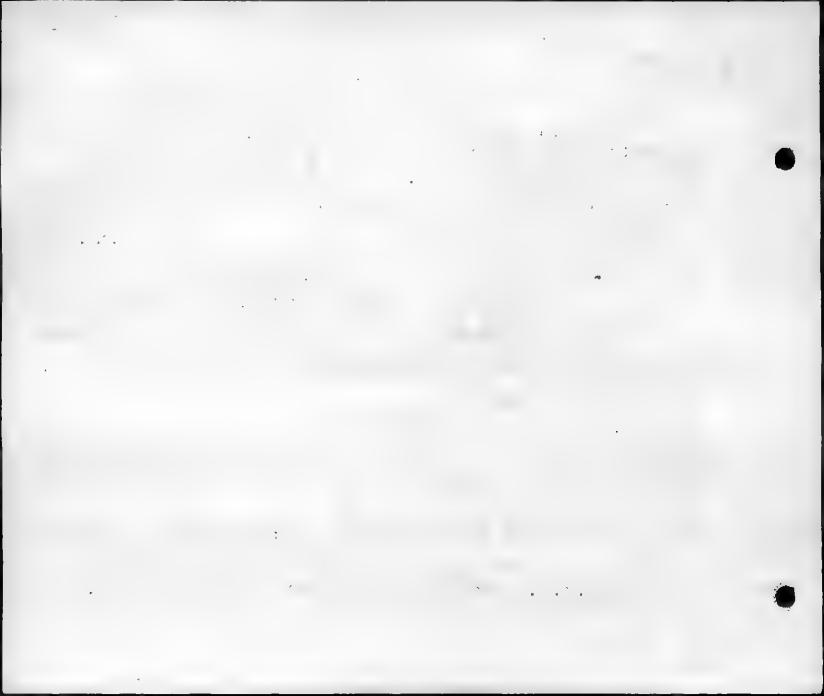
	1046	CEKTIFI	CATE OF DI	AID		U	600	}
PLACE OF DEATH COUNTY ALLEGANY		MARYLA	n STATE		b. COUNTY			sion)
	(If outside corporate limits, wr	te c LENGTH OF STAY IN			orporate limits, write l			n)
CUMBERLA	ND	55 year	S CUMBER	LAND				
d. NAME OF HOS OR INSTITUTION	N MEMORIAL HOS	PITAL	d STREET A		REET /		ON I	SIDENCE A FARM?
3 NAME OF DECEASED	& MEMORIAL AVE	NUE S Middle	Los	OF			Day	Year
(Type or print)	MARTH			SDON DEA	001		VEAD IE LIND	19 50
SEX		MARRIED NEVER MARRIED		i	9. AGE (In years lost birthdoy)	Months D	YEAR IF UND	Min
FEMALE	WILLIAM :	OWED DIVORCED	- TORINORDI	7, 1882	78 yrs		** 1 C P + 44 1 4 7 1	COMMITTEE AND ADDRESS OF THE PARTY OF THE PA
during most of w	TION (Give kind of work done orking life, even if retired)	Own home		YLAND	gr country)		S.A.	LOUNIKT
3. FATHER'S NAME		On II IIOMO		MAIDEN NAME			04114	
	MXKMX HENRY	NICHEL	AMA	A GEARY				
	VER IN U 5 ARMED FORCES?	16. SOCIAL SECURITY NO.	17, INFORMANT	H GEANT	Ado	dress		
(Yes. no, or unknown) NO	(If yes, give war or dates of service)	None	MEMORIAL	HOSPITAL,	CUMBERLA	ND, MAR	YLAND	
18. CAUSE OF D	EATH [Enter only one couse p	er line for (a), (b), and (c).]				1	INTERVAL B	ETWEEN
PART I. D	EATH WAS CAUSED BY HO	emorrhage					ONSET AND	ays
58	DUE TO							
Conditions, if		upture esoph <b>a</b> g	eal varices	3			3 A	rs.
gove rise to couse (o), statin lying couse los	a the under- DUE TO	irrhosis of li	ver				2	
	THER SIGNIFICANT CONDITIO			THE TERMINAL DIS	EASE CONDIT ON G	VEN IN PART I	(o) 19 WAS	AUTOPSY
	ted ascites for						PERFO	ORMED?
		DESCRIBE HOW INJURY OCC		f injury in Port I or	Port II of item 1B )			1 10 (2)
(IF EITHER, NOTI	FY MEDICAL EXAMINER)							
20c. TIME OF INJ	, w	hile Not while	De PLACE OF INJURY (I foctory, street, office	Home, farm, 20f. ( bldg., etc.)	(City or town)	(Car	unty)	(Stote)
	. 19 of	work of work						
21 I certify t	nat (1) (this haspital) att	rended the deceased fr	am July 9	19_60, 1	July 11	, 19_6	that (I)	(we) last
	ased alive on JULY	7 11 19 60 and th	hat death accurred	1 at [ ] . 340 fil	the causes a	nd an the o	date stated	d above
220 S GNATURE	and us	unhan	M.D. PHYS	MED. DIRECTOR	STAFF PHYS	7/20/		25 DATE SIGNED
22: PHYSICIAN!			22d. ADDRE			-7/12/	00	
MAME (Type	DR. 8. M. JA	COBSON	50 P	ERSHING S	T., CUMBER	RLAND,	MD.	
30 BUR AL CREMAT		23c NAME OF CEMET	ERY OR CREMATORY	23d LC	DCATION (City, town,	or county)	(Sto	ite)
BUPY A Speci	y) July 14,19	60 St. Patr	icks Cemete	ry	Cumberland,	, Md.		
4 FUNERAL DIRECTO	PR'S SIGNATURE	ADDRESS		250. REC'D BY RE	Ψ	ISTRAR'S SIGN		
Byro	n Kight Cu	mberland, Md.		DATE JUL '	000	Inthus d.	) Charles	

TO HOST

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages.

Pages 1 m= 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hors ofter death. Then please remove carban papers and in any event, within 72 hours often VR A15 (4) 15M 9/59



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7543

**CERTIFICATE OF DEATH** 

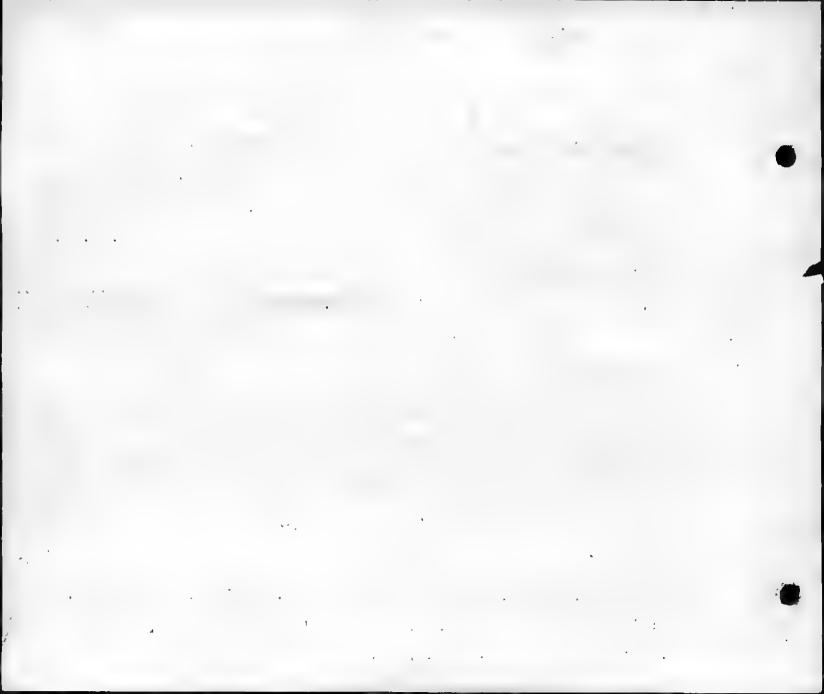
07538

F.	PLACE OF DEATH a. COUNTY					USUAL RESIDENCE (W	here decease	d lived. If instituti b. COUNTY		before adm	ission)
1	ATJEGANY			Marycar		MARYLAN	D	D. 4001111		EGANY	
/[	b CITY OR TOWN (IF RURAL and give nee		its, write	c. LENGTH OF STAY IN 18	,	CITY OR TOWN (IF		orate limits, write f	RURAL and gr	ve negresi 10	own)
-	CUMBERLA			11 DAYS		CUMBERL	ANU			16.0	ESIDENCE
	d. NAME OF HOSPITA OR INSTITUTION	L (it not in nospitol, g	line street	adaress	H	d. STREET ADDRESS				ON	A FARM?
	SACRED	HEART HOSP	TTAL.		Ш,	517 HEN	DERSON	AVE.		YES	NO)(C)
3.	NAME OF DECEASED	*10	st	Middle		Last	4. DATE OF	Moi	ath	Doy	Year
	(Type or print)	JOSE		Raymond	_	CKNIGHT	DEATH	0 (7,004)		4	19 60
5.	SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D	ATE OF BIRTH		9 AGE (In years last birthday)		YEAR IF UN	
	MAIE	WHITE	WIDOW	DIVORCED		JUNE 2,	1884	76 yrs	Telditi();	7075	a milit,
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INI	DÜSTRY	11. BIRTHPLACE (State	e or fareign c	country)	12, CITIZ	EN OF WHA	T COUNTRY?
	Salesma	ng life, even if retired   <b>11</b>	1	Dairy		MARYL	AND (	Cumberla	nd, U.	. S.	Α.
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	CHARLES	MCKNIGHT (	DECEA	SED)		REGINA	Wagne	er			
	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT	13313	3 Daup4f	ine S	t	Md
(14	NO (	fiyes give war or dates of s		4-05-5059	Mrs	. M. DeSa	les E	Becker	Silve		rings
	<del></del>	TH [Enter only one co	use per lu	ne for John (b), and (ch)	_	-	+			INTERVAL	BETWEEN
		H WAS CAUSED BY:		1 Franchio a	o.h	Car	- CAN	ma!		ONSET AN	ND DEATH
	1.	IMMEDIATE CAUSE (c	-	(1	Ser yo						
	1 40	DUE TO	,	V							
1	Conditions, if on gave rise to in		1							ļ	
	cause (o), stating t		)								
	lying couse last.	(0	-)								
20	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH E	EUT NO	T RELATED TO THE TERA	MINAL DISEAS	SE COND TION G	VEN IN PART	1(a) 19, WA	S AUTOPSY FORMED?
CATION											NO D
	200 ACCIDENT WA	UNDERLYING DEATH	20b DES	CRIBE HOW INJURY OCCUP	RED. (E	nter nature of injury in	Port 1 or Pa	rt II of item 18.)		1	
CERTIFI	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
Z	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. II	NJURY OCCURRED 20e	PLACE	OF INJURY (Hame, for	rm.   20f. (C t	y or town)	(Co	ounty)	(Stole)
MEDICAL	Hour a.m.	19	While	Nat while	factory	, street, office bldg., et	tc.)				
2	p. m.	,	at wor	k at work	_		7/	/ /			
	21. I certify the	ot I attended the				1960,10	1/-5	1960	that I las	t saw the	deceosed
-1	alive on	13	, 19'	and that dec	oth oc	curred at 6:19					
	/	4.	126				ADDRESS (S	street, city or fown	, stale)	D	ATE SIGNED
	ACTUAL	Deod	Ke	en X	M.D						5/60
	Designation of the	/	7	2 0							/
	PHYSICIAN'S NAME (Type)	O H. LEY.	JR.		_	456 N.	CENTE	E ST. CU	MBERLA	ND, MD.	
220	BUR AL CREMATIO			22c NAME OF CEMETERY	OR C	REMATORY	22d LOCA	TION (City, Iown,	or county)	(5	late)
	BRINDYAL (Specify)	7/7/60		SS. Pete	r &	Paul's	Cur	nberlan	d. Mai	rvlan	d
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		r	C'D BY REGIS		ISTRAR'S SIG	- 10	
	H. Wayne	e George	Cun	aberland, M	d.				Inthus S.	Kines	

TO HOSE Controlled by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please temban papers. Pages 1 and 2 shauld be fined with the registromeriar to burial, cremation, ar remayal, and in any event with 72 have actual actual.

VS A15 (4) 15M 9/SB



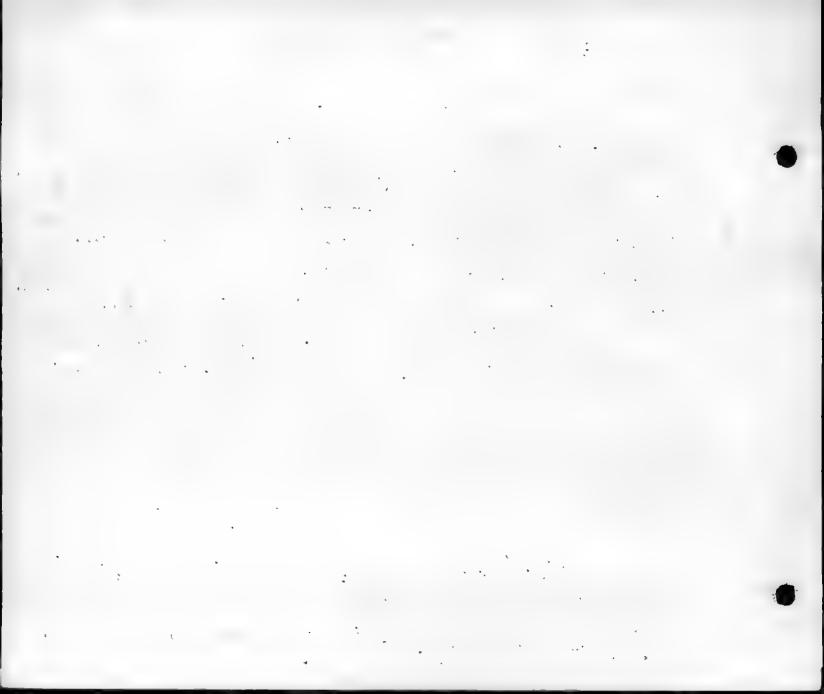
VS ATS (4) TSM 9/S8

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7570 CERTIFICATE OF DEATH

07539 Reg. Dist. No.

L	1010			<u> </u>	Reg. Dist. No.
	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who of STATE Maryls	ere deceased lived If instituti	on Residence before admission) Allegany
-	Allegany				~ ~
1	<ul> <li>LCITY OR TOWN (IF outside carporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	B. 46	utside corporate limits, write R	URAL and give nearest town)
L	Frosthurg	25yrs	Frostbu	ırg	
	d NAME OF HOSPITAL (If not an hospital, give street of OR INSTITUTION	address)	d STREET ADDRESS		e 15 RESIDENCE ON A FARM?
	32 Beall St. (reside)	nce)	32 Beal	1 Street	YES NO 🔀
:	3. NAME OF DECEASED (Type or print) SADIE	Middle LILLIAN LE	EKHAM	4. DATE Mor OF 17	19 60
1	5. SEX    6. COLOR OR RACE   7. MARRI   WIDOWE		8. DATE OF 81RTH 3-19-1894	9. AGE (In years last birthday) 66 yrs.	Honor 1 YEAR IF UNDER 24 HRS Months Days Hours Min
ď	10a. USUAL OCCUPATION (Give kind of work dane 10b I	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
1	during most of working life, even if retired)	vernment	St. Recis	Falls. N.Y.	U.S.A.
ì	3 FATHER'S NAME	V O I III MOIL O	14. MOTHER'S MAIDEN N		
	Hofer Stafford Weakh	am	Elizabet	ch Lynch	
1	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes no. or unknown)   (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	NFORMANT	Add	Frostburg, Md
	No None	None M	iss Pearl Ne	eff, 32 Beal	1 St.,
Г	18. CAUSE OF DEATH [Enter only one cause per lin-	e far (a), (b), and (c).]	1	, /	INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: !!MMEDIATE CAUSE (a)	Pinn Bat delli	will mic	AL 1.0.16.	1 77.5
	Candilians, if any, which gave rise to immediate cause (a), stating the under.  DUE TO	Lyhu	something	Miliany	Lite years
1		ONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE CONDITION GIV	/FN IN PART 1(a) 19 WAS AUTOPSY
	CATIC				PERFORMED? YES NO
- 4		RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I ar Part II af item 18.)	
	20c TIME OF INJURY Manth, Day, Year 20d IN Hour v.m. While p.m. 19 at work	Not while for	ACE OF INJURY (Home farm, stary, street, affice bldg., etc.		(County) (State)
	21. I certify that Tattended the decease	ed fram. 2-127	19/d), to	LECK-14- 19/1	that I last saw the deceased
	alive an Miles 1 19/2	and that death	0/1/1/	7 . / /	d an the date stated above.
ı	1 / 12/2 20 1	p		ADDRESS (Street, city or lown,	state) DATE SIGNED
	ACTUAL SIGNATURE	\$1174	M.D	1. J. J. J. L. L.	14 July 9
	PHYSICIAN'S NAME (Type)	Line /	13/2	221/	11946
:	220. BURIA., CREMAT ON, 226 DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O		22d, LOCATION (City, lown,	ar county) (State)
		rostburg "er			STRAR'S SIGNATURE
	7/ 1/1	Furnified Home	1	8Y REGISTRAR 246 REGI	SIKAK S SIGNATURE
4	Deulah H. Morellsent 23 E.	Main, Frost	ourg Md PATE	11'60 C	Ing & Krank



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 0754()

1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased liv	ed. If Institution	Residence be	fore admission)
o. COUNTY	Allegany	MARYLAND	STATE Mar	yland	b. COUNTY	Allega	anv
b. CITY OR TOWN and give negrest to	Ill outside corporate limits, write RURAL		c. CITY OR TOWN	(If outside corporate	limits, write RUR	AL and give r	nearest town)
Cumberlan		1 day	Camb	erland			
	PITAL OR INSTITUTION (If not i	n hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
	Hospital			ia Avenue			YES NO W
3. NAME OF DECEASED	First	Middle	Lor	4. DATE	Month	Doy	Year
(Type or print)	Fred	Hazelle	Mellotte	OF DEATH	July	7	19 60
5. SEX		ARRIED NEVER MARRIED		9. A	GE (n years   IF t	INDER TYEAR	IF UNDER 24 HRS.
Male		OWED DIVORCED	May 25,189	4 6	birthday) Mo	nths Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work done I	06. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sto	ate ar fareign country	y) 1	2. CITIZEN O	F WHAT COUNTRY
Machini		Corp of America	LI LI	Va		II.	Q . A
13. FATHER'S NAME	OU COLONIO	OOAP OI MUSTICE	14. MOTHER'S MAIDEN			Uni	7.00.0
DL43	Mallanda						
	mon Mellotte EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	Alice H	ayes	Address 3	O T2	1 1
(Yes, no, or unknown)	(If yes, give wor or dates of service)						inia Ave,
No		705-05-4795   MI	es. Esther M	ellotte	C		and, Md
18. CAUSE OF D	EATH [Enter only one cause per	line for (a), (b), and (c).				INTE	RYAL BETWEEN ET AND DEATH
PART I, DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bronchoge	nic Carcinom	120			5 mo.
, , , ,	# DUE TO						2 MV B
Conditions, If	The state of the s						
gove rise to imm	mediate couse				· · · · ·		
(a), stating the	underlying DUE TO						
couse lost.	) (c)						
PART II. C	OTHER SIGNIFICANT CONDITION	45 CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINALDISEASE COI	NDITION GIVEN I	N PART 1(a)	PERFORMED?
3							YES 🔭 NO 🔲
PART II. C	ONTRIBUTING	CRIBE HOW INJURY OCCURRED.	Enter noture of injury in F	Port I or Part II of ite	m 18.j		
	JURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	ICE OF INJURY (Home, fo	orm, 120f, (City or to	a court h	(County)	(State)
20c. TIME OF IN			tory, street, office bldg., e	alc.)	, mnį	(Coomy)	(4rdie)
p. 1	m. 19	at work at work		V	21		
21. I certify	that I took charge of t	he remains described abo	ove, held an Autor	psy 🎛, 🛮 Inspe	ction 🕱, 🗄	nquiry 🕱	, and find that
death result	ed from: Notural cause	es 🖈 Accident 🧻, Su	icide 🗍 Homicia	de 🗍 Undet	ermined cous	е П.	
	1	0.	,	turns '		Tourest	
ACTUAL /	Good let	Sketarelie	CHIEF MEDICAL	EVAMINED [7]			DATE SIGNED
SIGNATURE	issuance	MANURAL			7	/7/60	
EXAMINER'S NAME (Type)	Benedict Skits	relic MD		NICAL EXAMINER 🔀		/1/00	
220. BURIAL, CREMA	TION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION	(City, town, or co	unty)	(Slote)
REMOVAL (Speci	7/9/60	Hillcrest Bu	rial Davis	Cumber	land	Marwl	and
23. FUNERAL DIRECT		ADDRESS		C'D BY REGISTRAR	24b. REGISTRA	R'S SIGNATU	RE
		anland Manual			Land	1 8. The	Au
nuth E.	Silcox Cumb	erland Maryla	MICL DATE	JUL 11 '60			

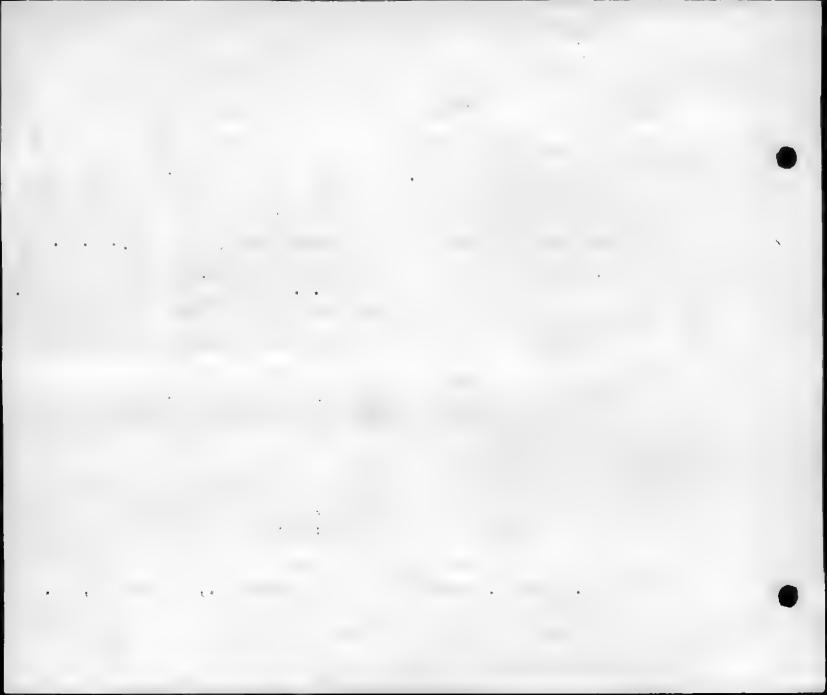
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VS. A15ME(5) 5M 9/55



	PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W. a. STATE Mary.	there deceased lived	b COUNTY All	ence before admission) egany
	B CITY OR TOWN ( RURAL and give a CUMBO		8./8/56	c. CITY OR TOWN (IF	outside corporate li erland	imits, write RURAL and	d give nearest town)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give street  Allegany Cour	. '	d. STREET ADDRESS	Bedford	Street	B. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Augusta	Middle M •	tast Miller	4. DATE OF DEATH	Month July	Day Yeor 1. 1960
	SEX Mole	6 COLOR OR RACE 7 MARR		10/18/187	9. AC	GE (In years IF UNDI St. birthdoy) Months	ER I YEAR IF UNDER 24 HRS Doys Hours Min
	Male	White WIDOWI ON (Give kind of work done 10b.	tale to the same		*		ITIZEN OF WHAT COUNTRY?
R	during most of wor	king ife, even f retired) Gas Station A			lvania B		U. S. A.
	TANIER 3 HAME	Washington N	Miller		rine Fis	hen	
	WAS DECEASED EVI	ER IN J S ARMED FORCES? 16.		FORMANT P.O.BO			mberland, Md
n	os, na. or unknown)	(If yes, give war or dates of service)	_	llegany Cou			ecords
	PART I. DE.  Conditions, if a gove rise to couse (o), stoting	immediate (	Chroni	e mary	Hypo	stories Clark	INTERVAL BETWEEN ONSET AND DEATH
CATION	PART II. OT	HER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RECYTED TO THE TERM	WINAL DISEASE CON	NOTION GIVEN IN PA	ART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFIC	200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	). (Enter noture of injury in	n Part I or Port II of	item 18)	
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Month Day, Year 20d. II While at wor	Not while for	CE OF INJURY (Home, for tory, street, office bldg., el		(מאיפ	(County) (State)
	21. I certify the saw the deced 220 S GNATURE 220 PHYSICIAN'S, NAME (Type)	or (I) (this haspital) attended alive an 7/1/60  Dr. James E.	2 19 , and that d	A.D. ATTENDING NO. 122d. ADDRESS		causes and on the	that (1) (we) last he date stated abave.  7/2 /60  land, Md.
230	BURIAL CREMATIO		23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION	(City, town, or county	(Stote)
u	removal (Spec fy	7/5/60	Fellowship C	emetery	Bedford		Pennsylvania
24	FUNERAL DIRECTOR		ADDRESS	2So. REC		2Sb. REGISTRAR'S	1 .
	John J. I	lafer, Cumberla	ind, Maryland	DATEUL	L 6 '60	Cathur S	Thatta

VR A15 (4) 1SM 9/59



### FOR STATE HEALTH DEPT.

TO DEPITE HEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decision, an accessory, please executed certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the control of decision 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removed; and wevent within 72 hours after death.

VS A15ME 8M 2/S7

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07542 7546 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

Allegany  MAXYLAND  CITY OR TOWN (If outside corporate hand, or a button  of gram neutral based  Cumberland  Cimberland  Cimbe
Cumberland  d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)  (DOA) Memorial Hospital  NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)  NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)  NAME OF HOSPITAL OF INSTITUTION (If not in hospital)  NAME OF HOSPITAL AVE.  POR A FASTO NO. IN A FAS
DOA)   Memorial Hospital   Middle   Lost   ADAR   Month   Day   Yes   NO X
DOA)   Memorial   Hospital
NAME OF DECEASED   Notace   G.   MILLER   DATE
SEX
SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   6 DATE OF BIRTH   9 AGG   14 years   14 UNDER 24 HSV.   Months   23 yr   Months   23 yr   Months   M
Male White DOWERTEN DIVORCED June 8, 1867 93 yrs book by book of the control of t
USLAL OCCUPATION (Give kind of work done during must of working life, even if (effice)  B&O Railroad  Berkley Springs, We Va.  UeS.A.  12 CITIZEN OF WHAT COUNTRY BERKLEY Springs, We Va.  UeS.A.  14. MOTHER'S MAIDEN NAME  Unknown  S. WAS DECEASED EVER IN U. S. ARMED FORCES? If S. SOCIAL SECURITY NO DEVICE OF WHAT COUNTRY
Engineer (Retired)  B&O Railroad  Berkley Springs, W. Va. U.S.A.  14. MOTHER'S MANDEN NAME  Unknown  S. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO TO IT? INFORMANY  David W. Miller Cumberland, Md.  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSE BY:  CORONARY OCCLUSION  ONE TO COMMENT AND DEATH gave rise to immediate course get in the underlying course loss.  (c), stoling the underlying course loss.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES NO DECEASE OF DEATH.  TO COUNTY OF THE PRINTING O
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20c. TIME OF INJURY Month, Day, Year While of work of work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my
20c. TIME OF INJURY Month, Day, Year While Not while of work of work to twork 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my
21. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my
21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my
opinion death resulted from: Natural couses Accident, Suicide, Homicide, Undetermined manner
DATE SIGNED
SIGNATURE SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER
ASSISTANT MEDICAL EXAMINER
NAME (Type) BENEDICT SKITARELIC, M.D. DEPUTY MEDICAL EXAMINER DE JULY 27, 1960
20. BURIAL CREMATION. 226 DAYE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State)
Burial July 30, 1960 Greenhill Cemetary Martinsburg, W. Va.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
Journ Stein thre. 117 Frederick St. Cumb. Md. DATEAUG 1 '60 Colleg & King



Division, of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FUR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edm ssion) e. COUNTY 3 to the tuneral director. Page y be retained for your files. with the State Board of Health, a. STATE **b.** COUNTY b. CITY OR TOWN lif outs de corporate limits, MARYLAND Maryland Allegany c. CTY OR TOWN (If outs de corporate limits write RURAL and ye nearest lown) c. LENGTH OF STAY IN 16 write RURAL end give neerest fown] Cumberland 1 hour Cumberland d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Sacred Heart Hospital 512 Hill Street 3. NAME OF Middla 4. DATE Month DOM MUNICIPAL AND ADDRESS OF THE PERSON NAMED IN COLUMN 1 (Type or print) DEATH after MORRIS FRANKLIN 60 July 17 AGE (In Years | IF UNDER 1 YEAR with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 2 with Page 5 may rs 1 and 2 wii in 72 hours last birthday) Days Months Hours WIDOWED [ DIVORCED Dec. 24, 1901 50 DUSTRY, II BIRTHPLACE (Slata or foreign country) Male This certifical should be executed with: 24 heurs after word "pending" in pendi in Item 18. Give Fages 1, 2, at wing Examinar's Office along with form PM3. Page 5 of Brown 1Db. KIND OF BUSINESS OR INDUSTRY. 16. JSUAL OCCUPATION Give kind of work 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) pages 1 within Painter Cumberland Maryland IISA 13. FATHER'S NAME with form P permit, File p Albert F. Morris

5. WAS DECEASED EVER IN U.S. ARMED FORCES | 16. SOCIAL SECURITY NO. | 17. INFORMANT Annie Robinson Address Yas, no, or unkown) | [If yes give war or dates of service] l-transit permit, YES INW 1 & W.W. 705-05-8047 Hickory, North Carolina Mrs. Ruth Brown ONSET AND DEATH PART I DEATH WAS CAUSED BY: C. RONARY OCCLUSION tl hour IMMEDIATE CAUSE (+) Office burial-t DUE TO removal, CORONARY SCLEROSIS Conditions, if any, which gave rise to immadiate cause 40 DUE TO (e), stelling the underlying K) pesn cremation, PART I, OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTORSY CERTIFICATION PERFORMED? 8 the word NO X Medical pirous 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of them 18.) PRIMARY [ ] or CONTRIBUTING [ ] urial, CAUSE OF DEATH. should be forwarded to the Chief PrunerAL DIRECTOR: Page 3 s Chief age 3 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) age to but Month, Dey, Year (County) (State) factory, street, office bldg., atc.] While Not While Hour a.m. et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection X Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 129 July 17, EXAMINER'S NAME (Type) Benedict Skitarelic, M.D. Address (Street, city, town, or county) ALL GL . Y 6856 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) ď REMOVAL (Specify) 40 Burial 7/20/60 Summer Cemetery Cumber land Maryland 23. FUNERAL DIRECTOR 24e. REC'D BY DATE JUL 2 0 '60 VS. A15ME arthur S. Krana John J. Hafer, Cumberland, Maryland 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



c. LENGTH OF STAY IN 16

MARYLAND

o. STATE

7	5	4	8

ALLEGANY

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

b. CITY OR TOWN III outside corporate limits, write RURAL

CUMBERLAND

1. PLACE OF DEATH

and give nearest town!

a. COUNTY

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te, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune	long with form PM3. Page 5 may be retained for your ?!	3 should be used as a buriol-transit permit. File pages 1 and 2 with the registro	
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	MEM OR IA	L HOSPITAL	DOA	766	3 Maryland
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE OF
	(Type or print)	OLIVE		MUELLER	DEATH
S.	. SEX	6. COLOR OR RACE 7-	MARRIED NEVER MARRIE	D [] 8. DATE OF BIRTH	9. AG
	Female	White wil	DOWED DIVORCED	□ Jan. 7.	1903 3
10	ou. USUAL OCCUPATION	N (Give kind of work done	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPL	CE (Stole or foreign country)
	House			Ward	ensville, W
1	3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME
	Wil	lliam E. Sh	numaker	Rac	hael Bollin
		R IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT	
L	No	in you are not or other or service	2	Chas. Mu	eller, Green
Г	18. CAUSE OF DEAT	H [Enter only one couse pe	or line for (a), (b), and (c).]		
	PART I. DEATH	H WAS CAUSED BY:	CORONA	RY OCCLUS	ION
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ı	Conditions, if on	y, which ) (b)	ARTERI	OSCLEROTIO	DISEASE
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П	couse lost.	(c)			
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4.4.4	{				
CSPT.EICATION	20g. EXTERNAL CAUS	SE WAS 20b. DE	SCRIBE HOW INJURY OCCUI	RRED. (Enter noture of in	ury in Port I or Port II of item
		IKIBOHNO EJ			
MEDICAL	20c. TIME OF INJURY	Month, Day, Year		De. PLACE OF INJURY (H	fome, form, 20f. (City or tow
MED	Hour a.m.	19	While Not while of work of work	tociory, silves, office	and a seed
	21, 1 certify the	at I took charge of	the remains described	d above, held an	Autopsy , Inspec
	death resulted	from: Natural cau	ses 📝. Accident 🔲	, Suicide 🔲, H	omicide 🔲. Undete
		) , (,	111		
	ACTUAL SIGNATURE	enedict.	Sketarelia)	M.D. CHIEF M	EDICAL EXAMINER
				ASSISTAL	NT MEDICAL EXAMINER
	EXAMINER'S NAME (Type)	BENEDICT S	KTTARELIC.	M.D. DEPUTY	MEDICAL EXAMINER
2	20. BURIAL, CREMATION	1, 225, DATE THEREOF	22c. NAME OF CEMET		22d. LOCATION (
	BURIAL	JULY 77,1	960 SULPHU	R SPG-	KIFER
2:	3. FUNERAL DIRECTOR'S		BERNELEY SPAN	165, W.VA.	240. REC'D BY REGISTRAR
1	VARKS F. HOM	E, CENTROON K	7	,	DATE JUL 2 2 '60
C.					V.
		_			

07544 Reg. Dist. No.

ALLEGANY

d. STREET ADDRESS								A FARM?
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Lost	4. DATE		Month			Day	Y	egr
LER	OF DEATH	Ju	ly		19	9	1	960
TE OF BIRTH		9. AGE L	n years	IF U	INDER 1			ER 24 HRS.
n. 7, 19		Jost bigh	yrs.	Me	oths [	[2]	Hours .	Min.
11. BIRTHPLACE (Stole	or foreign o	country)		1	2. CITIZ	EN OF	WHAT	COUNTRY?
Wardensv	ille,	. W.	Va.		US	A		
MOTHER'S MAIDEN	IAME							
Rachael	. Bol.	ling	re					
MANT			Address					
s. Muelle	r, G	reen	spri	n	g,	W.	Va.	)
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RELATED TO THE TERM	INAL DISEAS	E COND.T	ON GIV	EN I	N PART	1(0) 19		
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2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

**b.** COUNTY

MARYLAND

CUMBER LAND

July 17 14 Sullen Spels

CERTIFICATE OF DEATH

o. COUNTY	LLEGANY	MARYLAND	2 USUAL RESIDEN 0. STATE MARY	ICE (Where deceas	ed lived If institution b COUNTY	ALLEGANY	
B CITY OR TOWN RURAL end give	(If outside corporate limits, necrest town) MBERLAND, MD	3 μ	c. CITY OR TOY		arote limits, write RI	URAL and give nea	irest fown)
d NAME OF HOSP OR INSTITUTION	MORIAL HOSPIT	I'CK & MEMORIAL AV	C d STREET ADD	RESS	Y PAVEMEN		ON A FARM? YES NO
. NAME OF DECEASED (Type or print)	First MDR1	Middle J.	MURRAY	4. DATE OF DEATI	4 JULY	th Day	y Year
SEX FEMALE		** MARRIED NEVER MARRIED NOT	B DATE OF BIRTH	1902	9. AGE (In years last birthday)	Months Days	IF UNDER 24 HRS Hours Min
o USUAL OCCUPAT		ine 10b. KIND OF BUSINESS OR INDI		(State or fareign		12 CITIZEN OF	WHAT COUNTRY?
. FATHER'S NAME			14. MOTHER'S MA				
CHA	ARLES SWANGER			CY SIRBA	UGH		
Yes no, or unknown)	FER IN U.S. ARMED FORCE (If yes, give wor or doles of sen	(co)	MEMORIA	I HOSPIT	AL. CUMBE		RYLAND
Tie CAUSE OF N	EATM   Featur poly one cour	220-16-6/08 se per line for (a), (b), and (c).]		L 11001 11	1469 001100		RVAL BETWEEN
	ATH WAS CAUSED BY.	Motasah	à Coren			ONS	7900 DEATH
100	MMEDIATE CAUSE (a)_  DUE TO	1 / tey apan	le Cullum	<u>~</u>	50	-	- CW
Conditions if	Sand which \	Carrie	a. 13/2	cust -1:	Relations		
gove rise to	immediate (DUSTO	Out Oppace	1				
lying couse lost			0				
PART II. O	THER SIGNIFICANT COND	IT ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	ETERMINAL DISEA	SE CONDITION G V	EN IN PART 1(0)	9 WAS ALTOPSY PERFORMEDS
		Khun to heart					YES NO
(IF EITHER, NOTE	VAS UNDERLYING [] 2 IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	06 DESCRIBE HOW INJURY OCCURR	ED (Enter nature of in	jury in Part I or Pa	ort II of item 18.)		
20c TIME OF INJL Haur a. m p. m	JRY Month, Day, Year	20d INJURY OCCURRED 20e P While Nat while of work at wark	LACE OF INJURY (Hon actory, street, office blo		ty or town)	(County)	(State
21. I certify th	nat (I) (this haspital)	attended the deceased from	Lyn	_, 1957 (.to.	July	, 1960th	at (I) (we) las
	ased alive an	4.3 1960, and that	death occurred a	17:59P. from	the causes an	d on the date	
220 SIGNATURE		lue to	M D PHYS	MED.	STAFF		SIGNED
22c. PHYSICIAN'S NAME (Type)	, waren	700	22d, ADDRESS			(	13
Tenine (Type)	DR.OVERTON	HIMMELWR I GHT	133	VIRGINIA	AVE . CUM	BERLAND,	MD.
3a BUR AL, CREMATI REMOVAL (Specif		23c NAME OF CEMETERY	OR CREMATORY	23d LOC	ATION (City fown, i	or caunty)	(Stote)
Burial	7/6/60	Davis Memori	ial Pafk	Cumbe	erland, P		
4 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25	o. REC'D BY REGI		STRAR'S SIGNATUR	
John J. I	lafer, Cumbe	rland, daryland	D	ATE JUL 8	'60 C	Inthun S. Kr	alla

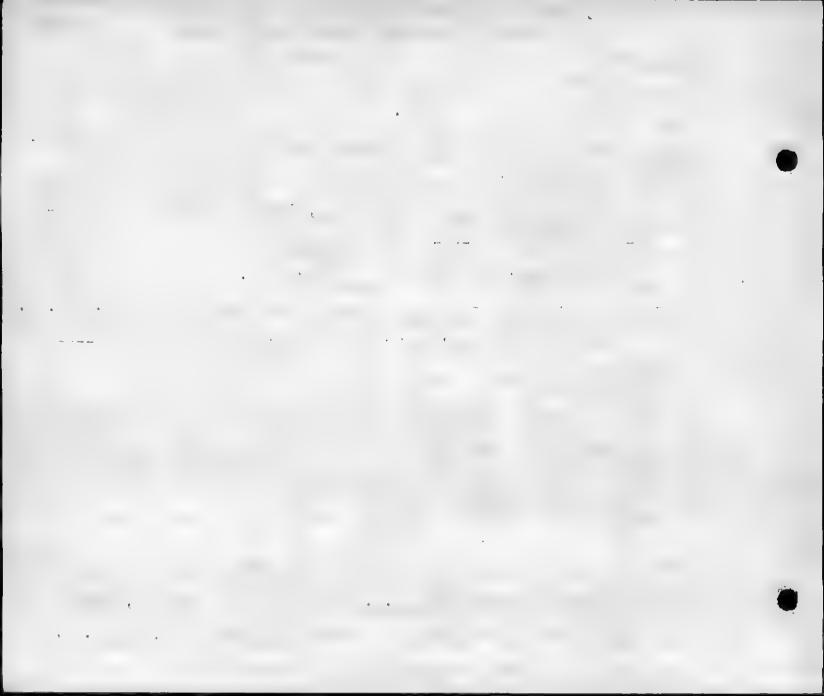
TO HOSP CORNITIONED PHYSICIAN: The law requires that the death certificate be executed within 24 ms ofter death. Page 4 may be fined by the hosp tall ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, agents on cremaval, and in any event, within 72 hours ofter death.

VR A1S (4) 1SM 9/59

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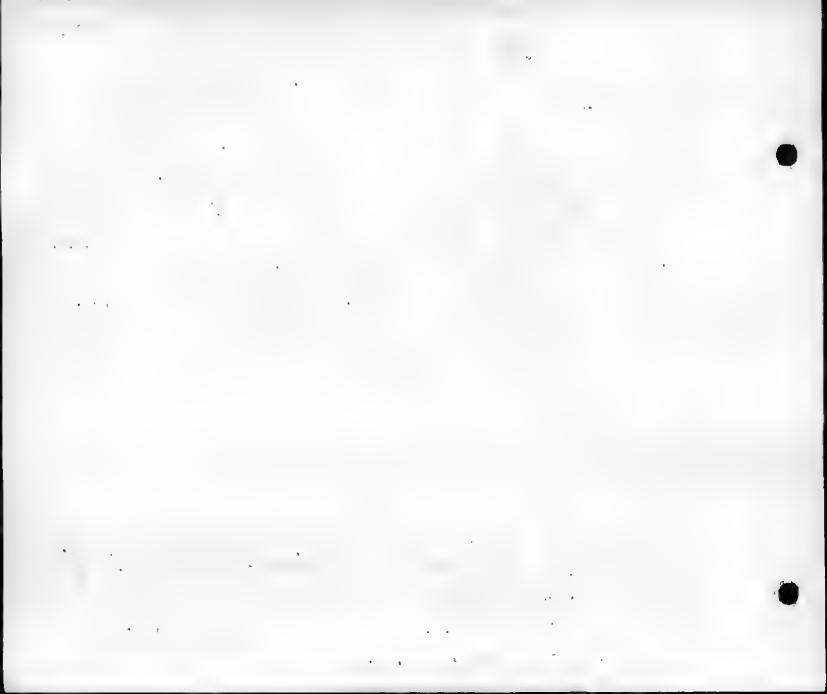
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4)

15M 9/58



campletely filled in by the funeral director, papers. Pages I and 2 should be filled with

on papers.

a attending physicion of please femanacolful in within 72 hours affer

may

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the burial-transit permit. Then please the registrar prior ta burial, crematian, or remaval, and in any event within 7

after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HO

VS A15 (4)

15M 9/S8

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7551

CERTIFICATE OF DEATH

07548

0 (7 (7 ,X.			- R	eg. Dist. No.
PLACE OF DEATH a. COUNTY	-		ere deceased lived. If institution.	Residence before admission)
ALTEGANY	MARYLAND	o. STATE MARYLAI	b. COUNTY	ALLEGANY
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IE o	utside corporate limits, write RUR	AL and give nearest town)
RURAL CUP IS ENTAND	64 DAYS	RURAL	RT. #3, KEYSER.	W.VA.
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SACRED HEART HOSPITAL	et address) AL	d. STREET ADDRESS	27.1	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED	Middle	McNullen Lost	4. DATE Month	Day Year
(Type or print) MAE	Marie NA	ZELROD	DEATH JULY	16 19 6
. SEX 6. COLOR OR RACE 7. MA	RRIED HEVER MARRIED	8 DATE OF BIRTH	3 4 7 3 4 4 3	UNDER 1 YEAR IF UNDER 24 HR
FEMALE WHITE WIDOW	WED DIVORCED	JUNE 8, 1904	56 yrs	lanths Days Hours Min
Do. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR
HOTSEWIFE	Own Home	MARXENIN	k.Pennsylvania	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
CHARLES MCKENZIE		ANNA WEA	VER	
5 WAS DECEASED EVER IN U. S ARMED FORCES? 1	6. SOCIAL SECURITY NO.	NFORMANT	Address	
[Yes, no, or unknown] [If yes, give wor or dates of service]		PATTENTS CHAR	Γ	
gave rise to immediate couse (a), stating the under-lying couse lost.			METASTASIS	
PART II. OTHER SIGNIFICANT CONDITIONS    200   ACCIDENT WAS UNDERLYING   20b. DE   20b	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition given	IN PART I(0) 19 WAS AUTOPS PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort 1 or Port II of item 18)	
Hour a.m. Whi		ACE OF INLURY (Home, form, tary, street, office bldg., etc.		(County) (Stoke
21. I certify that I attended the decedalive on JULY 15 19  ACTUAL SIGNATURE B. M. Schindle  PHYSICIAN'S NAME (Type) BN M. Schindle	ndler	M.D. 43 GR	M, from the couses and ADDRESS (Street, city or town sto SENE ST. CUM	DATE SIGNE
20. BURIAL, CREMATION, REMOVAL (Specify) Burial 7/19/60	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City. town, or o	county) (State)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'0		AR'S SIGNATURE
John J. Hafer, Cumber	land, Maryland	DATE J	UL 2 0 '60 av	thur S. Kraus



7559

1, PLACE OF DEATH 0. COUNTY	LEGANY	MARYLAND	2. USUAL RESIDENCE (WI 0. STATE MARY!	h	COUNTY	nce before admission)		
	If autoide corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
RURAL and give n		28 DAYS	CUMBERLAND					
d NE MOR HAP	TANGED IMPASPITAL give street	address)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?		
MEMORIAL	& WARWICK AVES		324	EMILY STR	EET	YES NO		
3 NAME OF DECEASED	First	Middle	Lost	4 DATE	Month	Day Year		
(Type or print)	RUTH	V. 1	ORTHCRAFT	OF DEATH	JULY	10 1960		
5 SEX	6 COLOR OR RACE 7. MAR	RIED 🔀 NEVER MARRIED 🗌	8 DATE OF BIRTH	9. AGE		TYEAR IF JNDER 24 HRS		
FEMALE	WHITE WIDOW	ED DIVORCED	1-30-1	01347	yrs Months	Doys Hours Min.		
100 USJAL OCCUPATION	ON (Give kind of work done 10b king life, everif retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar fareign country)	12. CIT	IZEN OF WHAT COUNTRY?		
Deuse		fore,	CUMBERLAN	ND, MD.		U.S.A.		
13. FATHER'S NAME	1/ - 1		14. MOTHER'S MAIDEN	NAME				
GEORGE	ME Reid		ELL FARE	RELL				
IS WAS DECEASED EVE	R N J. S. ARMED FORCES? 16		NFORMANT		Address			
70	The year of solider of solvice)	20-16-5/28 ME	MORIAL HOSPIT	TAL CU	IMBERLAND,	MD.		
18 CAUSE OF DE	ATH [Enter only one couse per l	ine for (a) (b), and (c)		0 1		INTERVAL BETWEEN		
PART I. DE	ATH WAS CAUSED BY	( al cum	= ay 7	uchec_		ONSE AND DEATH		
145	DUE TO		1					
Conditions, if a	iny, which) (b)							
gave rise to i	mmediate							
lying couse last.	(c)							
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL D SEASE CONT	DITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED?		
PART II. OT		1 Les putare	Buches Vone	In Albert	w.	YES NO		
20a. ACCIDENT W	AS UNDERLYING (1) 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW JUNY OCCURRE	D. (Enter nature of injury in	Part I or Port I of it	tem 18 )			
	RY Manth, Doy, Year 20d. I	NJURY OCCURRED 20e Pt	ACE OF INJURY (Hame, form	n, 20f. (City or tow	n) (	(Stote)		
Hour a.m.	19 While		ctory, street, office bldg., etc	G-)				
	at (1) (this haspital) attend	ded the deceased from	new 10	53 10 14	· le 106	PO that (I) (we) last		
saw the decea	1 1	LQ 1960, and that	OAE	5/ PM_ //	1	e date stated above		
22e SIGNATURE	11 1 1	4 22 179297 drid fildi (	dedili decorred di	Tant the C	ooses and an in	22b DATE		
Mish	lace the the		M.D. PHYS D	IED STAI	FF S. □	7 SIGNED		
22 PHYSICIAN S	mar every por	)	22d. ADDRESS		111	11.400		
NAME (Type)	DR. OVERTON HTM	MELWRIGHT	133 la Ca	ve, Cours	below / )	ed		
239 BURIAL, CREMATIC			OR CREMATORY	23d LOCATION (C	ity fown or county)	(Stote)		
Burent	1/13/60	Hillerray (	Lon	Quant.	varla &	ma		
24 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	25a REC	D BY REGISTRAR	256 REGISTRAR'S S	ONATURE		
Laura	Allen Vac	( umb m	DATE	1111 1 8 '60	Chilmy	S. Firema		

VR A15 (4) 1SM 9/59



VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
TOTAL
TOT

07550

	o, COUNTY A	LEGANY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY MARYLAND ALLEGANY								
	b. CITY OR TOWN ( RURAL and give o	If outside corporate limits,		DAYS		OWN (IF O		le limits, write RU	RAL and give	nearest towr	1)
	d. NAME OF HOSP OR INSTITUTION MEMOR 1	MEMORIAL HOS	SPITAL AVES		d. STREET A		NIA AVE	ENUE			FARM?
	3. NAME OF DECEASED (Type or print)	First FL(	DRENCE	M ddle	OSBOUF		4. DATE OF DEATH	Mont			Yeor 1960
	FEMALE	WHITE W	MARRIED [] I	DIVORCED	B. DATE OF BIRT OCTOBER		880 2.	AGE (In years last birthdoy) 79 yrs	Months Day		ER 24 HRS Min
	Our USUAL OCCUPATION of wor Housewills Father's NAME	DN (Give kind af wark dan king life, even if retired) <b>f</b> e	Ownh			LAND	Balti			·S.A.	OUNTRY?
Л	GEOR	GE WHARTON			ELIZ	ABETH	BANKS				
	S WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCE	57 16. SOCIAL	SECURITY NO. 17.	INFORMANT			Addre	253		
ŀ	No_		Non		MEMORIAL	HOSPI	TAL, CI	JMBERLAN			PTIMEPI
	1	ATH [Enter anly one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _/	per line for (o	), (b), ond (c)	· · · · · · · · · · · · · · · · · · ·	d	1/10	2		NTERVAL BE	
	Conditions, if a	DUE TO	934	len	20-71 S	2-				_	
	gove rise to couse (a), stating lying couse last.										
	PART II. OT	HER SIGNIFICANT CONDIT	IONS CONTRIB	UTING TO DEATH B	JT NOT RELATED TO	THE TERMI	NAL DISEASE (	CONDITION GIVE	IN IN PART 1(c	) 19 WAS PERFO	AUTOPSY ORMED?
	S ACCIDENT W	AS UNDERLYING [] 20	h DESCRIBE HO	OW INJURY OCCUR	PED /Enter noture o	of injury in F	Part Lar Part II	Laf itum 18.)		YES 🗀	NO
	OR CONTRIBUTING	MEDICAL EXAMINER)									
	20c. TIME OF INJUI Hour a.m. p.m.	Month, Day, Yeor	20d. INJURY O While No at wark  pt	at while	PLACE OF INJURY ( factory, street, office	Hame, form bldg., etc.	201 (4)	r lown)	(Cour	Pher	(Stote)
	21. I certify the	at (I) (this haspital)	// /)			12		118/	6 B	that (I)	, -,
	saw the decea	sed affive an 7	2,160.15	2, and that	death accurre	व शुःग्रि	Maliform th	le cooses and	an the d		abave.
	(_/)	Mille	Man	way	M.D. PHYS.	DI	RECTOR .	STAFF PHYS		2/	SIGNED
	22c PHTSICIAN'S NAME (Type)	RICHARD J. WI	LLLIAMS		22d ADDR		CENTRE	ST., CU	MRFRI AI	Vin Min	1/60
	23a. BURIAL, CRÉMATIC	ON, 236. DATE THEREOF	23c. N	IAME OF CEMETERY		1001111		ON (City, town, a		(Stot	
	REMOVAL ISPECTLY	7-15-60	Zi	on Memo	rial Par	k		erland,		,	
· Maria	James F.	Scarpelli		land, Md	•	25a REC'I	JUL 18	AR 2Sb REGIS	TRAR'S SIGNA Inthun D.		
- 6											



ا ،ار						H-BALTIMORE, 18	07551
FOR STA	TE		# 0 7 1, MEDICA	AL EXAMINER'S	CERTIFICA		- Deat Ma
HEALTH D		-	LACE OF DEATH	Pr. Karter	La diction personner o	OWER	g, Dist. No.
22 2		1.	. COUNTY	No	O. STATE-	Where deceased lived If institution is	
e e e	A		Allegany  CITY OR TOWN (1 outs de corpo ute limits, wr ta RUPAL	c LENGTH OF STAY IN 16	Maryl		Llegany
VI Ezis	4)	_	and give negres! town)			f outside corporate I mits, write RURA	r oug Bine vectess towns
do do			POSTOURS NAME OF HOSPITAL OR INSTITUTION (IF not in h	Lifetime	Frostbu	ırg	The part age of
di di				tospirar, give street address)		C :	ON A FARM?
5 t	No. 1	-	8 Taylor Street	W WILL ALL		or Street	YES NO X
de St	X		PECEASED	Middle	Lost	4. DATE Month	Doy Year
Fe 등 등 F		5. 5	Type or print) SHARON		OSTER	DEATH 7	27 1960
\$ 50 S		2. 5	The state of the s	RIED THEYER MARRIED THE		fout birthday]   bloom	DER TYEAR IF UNDER 24 HRS
5 m 2 v 2 v four		10.	F W widow	VED DIVORCED T	Nov.25th,1		
deo 2, o 2, o 3ge 3nd 72		d	USUAL OCCUPATION (Give kind of work done libb. uring most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR			CITIZEN OF WHAT COUNTRY
·	1	10	None	None	Cumberla	in the second second	U.S.A.
S O G	1)	FJ.	FATHER'S NAME		M. MOTHER'S MAIDEN	NAME	
P B B B B B B B B B B B B B B B B B B B	~ /		Cenneth Oster WAS DECEASED EVER IN U. S. ARMED FORCES? III		Patricia	McAteer	
Grand Sold State of S			rg. or unknown) (If yes, give war ar deter of service)		FORMANT		ostburg, Md.
Paris of the control			No None		rs. Patric	ia Oster, 20 Ta	
ad in			18. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEA H
sit of			IMMEDIATE CAUSE (o)	ASPHYXIA	TION		3-4 Min.
Fice Fice Ovo	V		DUE TO				
9 50 00	•		Conditions, if any, which (b)	DROWNING			
bur a			(o), stating the underlying DUE TO				
Bin Bin			couse tost. (c)				
Exo d o d o		ğ	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OY RELATED TO THE TERM	VINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED?
pen cal ese		3		+4 <sup>-4</sup> + <sup>-</sup>			YES NO 🔀
d d ledi		310	200. EXTERNAL CAUSE WAS PRIMARY IN 07 CONTRIBUTING CAUSE OF DEATH.	BE HOW INJURY OCCURRED (En	iter nature of injury in Par	rf I or Part II of Item 18 }	
Aris Seld Seric		2			O LILLY P		
Chick Chick to the	( .	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d Wh	INJURY OCCURRED 200 PLAC	E OF INJURY (Home, formany, street, office bldg., etc., etc.	n, i 20f. (City or fown)	(County) (Stote)
he se joi	."	ME		work of work 8 Te	ylor St.	FROSTBURG	ALLEG. MID.
AAM To H			21. I certify that I took charge of the				
Z P P S			opinion death resulted from: Notural	causes 🔲, Accident 🛭	), Suicide [],	Homicide	ed monner 🔲
A CO			0	11' 4 . 15			DATE CIONED
For For Park	2		SIGNATURE SIMPOLICE X	Sketarelie)	M D CHIEF MEDICAL E	XAMINER	DATE SIGNED
A Page	96/		EXAMINER'S		ASSISTANT MEDIC	CAL EXAMINER []	
S S S S S S S S S S S S S S S S S S S				TARELIC, M.D.	DEPUTY MEDICAL	EXAMINER T July 27	1960
Short Strain		220	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or cour	
0 6 4 0 9	Ç		Burial 17-30-60 S	St. Michael's	Cemeterr	Frostburg	
VS A15ME	01	23	FUNERAL DIRECTOR'S SIGNATURE	afer funeral I	Home 240 MEC	D BY REGISTRAR 246 REGISTRAR	SIGNATURE
5M 2,57	0	12	enla H. Montesant 23	3 E. Main, Fros	stburg , wan	61 '60 1 ariling	& Kinus



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funer funer actor. Poge 4 should be	for your rues.	the registrar prior to burial cremation,	
ive Poges 1, 2, and 3 to the fund	llog≡ 5 moy as retoined f	it. File pages 1 and 2 with the	
the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the fune.	cdical Examiner's Office along with form M3. Togs 5 may are retained for yourcs.	ge is should like used as a basiol-tronsit permit.	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7554 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission; COUNTY o. STATE **b.** COUNTY ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) CUMBERLAND 6 DAYS LA VALE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS #. IS RES DENCE MEMORIAL HOSPITAL LINDA WAY YES NO K 3. NAME OF First Middle 4. DATE Month Doy Year DECEASED JEANNETTE PAXTON DEATH JULY 30 1960 (Type or print) 9. AGE Iln years 5. SFX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS. last burthday] Months Days Hours Min. FEMALE WHITE | WIDOWED 🗆 DIVORCED [ December 23.1903 56 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? BARTON, MARYLAND U.S.A. Housewife Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN SYMONS Margaret KIRK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IYes, no, or unknown? [If yes, give wor or dates of service] MEMORIAL HOSPITAL. CUMBERLAND. MB. No. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: CARCINOMATOSIS 2-3 Mo. GENERALIZED IMMEDIATE CAUSE (6) DUE TO CARCINOMA পত STOMACH 6 Mo. Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES 📆 NO IT 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Day, Year 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Nat while at work at work D. III. 21. 1 certify that I took charge of the remains described above, held an Autopsy 7. Inspection . Inquiry 7. and find that death resulted from: Natural causes X Accident . Suicide . Homicide . Undetermined cause ... DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** BENEDICT SKITARELIC. M.D. 1960 DEPUTY MEDICAL EXAMINER NAME (Type) JULY 30. 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 0 Burial 8/2/60 Sunset Memorial Park Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Cumberland, Md. Charles L. George DATE AUG 2 Orthur & House

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5) 5M 9/55



bucies, cremotion,

TO DEPLY MEDICAL EXAMINER: This mertifical should be executed within 24 hours ofter death. If any is neceduled cuts the control of the form of the for

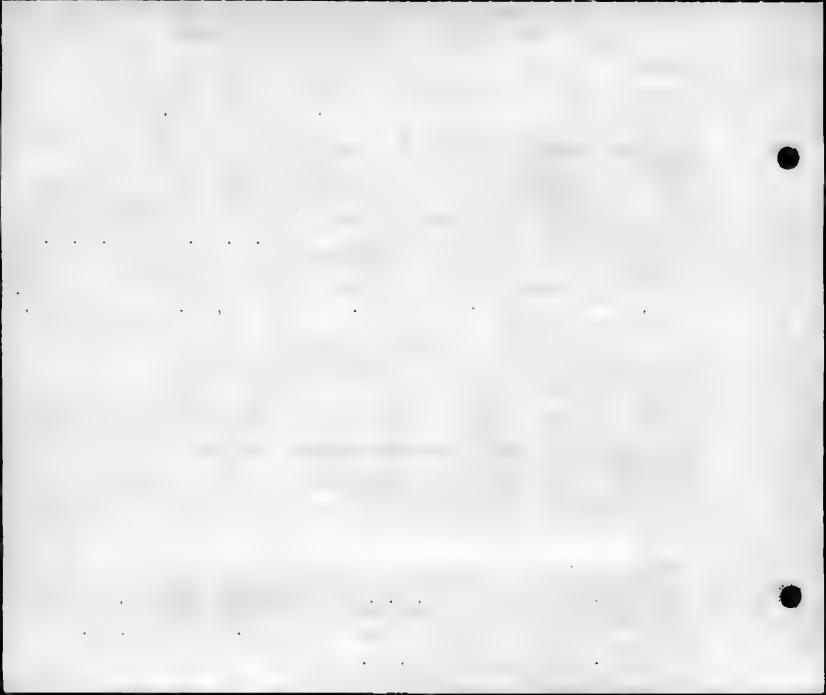
is necessary, please exe-ectar. Page 4 shauld be

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07553

7583 MEDICAL EXAMINER 3	CERTIFICATE OF DEATH	t. No.
1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution, Residen	ce before admission)
o. COUNTY Allegany MARYLAND	o. STATE Maryland b. COUNTY All	legany
b. CITY OR TOWN III outside corporale limits, write RURAL . C. LENGTH OF STAY IN 1b.	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest lawn)
Rural Flintstone	Rt. # 2 Flintstone,	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARME.
Upper Flintstone Creek Road	Flintstone Creek Road	YES NO
3. NAME OF First Middle	Last 4 DATE Month	Day Year
E	AXTON DEATH JULY	**26 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 38.		YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED A	August 1, 1892 67 yrs. Months D	lays Haure Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Retired caretaker Flintstone High	1 Grant Co. W. va.	U. S. A.
13. FATHER'S NAME SCHOOL	14. MOTHER'S MAIDEN NAME	
John Paxton	Clora Jenkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address	Md
	s. Della Paxton, Rt. # 2 F	lintstone,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORONARY	OCCLUSION	SUDDEN
410 DUE TO		
Conditions, if ony, which) (b) CORON	ARY SCLEROSIS	
gave rise to immediate cause (a), stating the underlying DUE TO		
couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CONTR		YES NO I
20b. DESCRIBE HOW INJURY OCCURRED, (E.	nter nature of injury in Part I or Part II of item 18.)	
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLAC	CE OF INJURY [Home, form, 20f. (City or town) (Coun	ity) (State)
20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLAC Factor of work of work of work of work	ory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above	ve, held an Autopsy , Inspection , Inquiry	X and find that
death resulted from: Natural causes 🗓, Accident 🔲, Suid		
	bread ' bread ' tread	
SIGNATURE Benedict Sketarelis	M.D. CHIEF MEDICAL EXAMINER	A PROPERTY OF
	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S BENEDICT SKITARELIC, M.D.	. DEPUTY MEDICAL EXAMINER XX JULY 26,	1960
220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county)	(State)
Burial 7/29/60 Glendale Ce	emetery Nr. Flintstone,	Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGN	NATURE
Charles L. George Cumberland, Mc	d. DATE AUG 1 '60 arthur & 1	Trans

VS. A15ME(5) 5M 9/55



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7572 TO HOSE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 is after death. Page 4 may be a single by the hospital or otherding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be director, the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

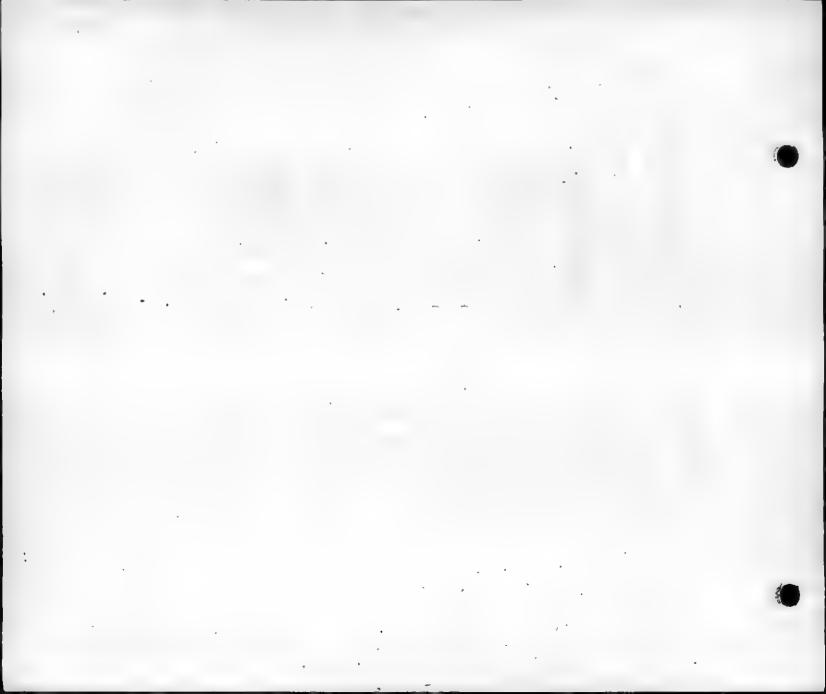
**CERTIFICATE OF DEATH** 

07554

Rea Dist No

4 47 4 10						
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Who	ere deceased I v	ed. If institution b. COUNTY	n: Residence befo	re admission)
Allegany	MARYLAND	Larvla	nd	DI COOI1111	Allega	ny
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or		limits, write Rt	JRAL ond give ne	arest town)
Frostburg	10 days	Lavale				
d NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
Miners Hospital		. 913 Natio	nal Hi	chway		YES 🔲 NO 🗜
3. NAME OF First	Middle	Last	4. DATE	Mani	h Do	y Year
(Type or print) IV.ORTIMER	WAYNE	PRYOR	OF DEATH	7	17	1960
5 SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9	AGE (in years last birthday)		IF UNDER 24 HR
M WIDOWE	D DIVORCED	11-18-1900		59 yrs	Months Days	Haurs Min
10a. USUAL OCCUPATION (Give kind of work done 10b. I	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	ar foreign count	ry)	12 CITIZEN O	WHAT COUNTRY
B & O Shops R	ailroad	Blue Rock	kOhi	^	U.S.	A.
ID. FATHER'S NAME	10000	14. MOTHER'S MAIDEN N				
Mortimer Pryor		Pessie o	senbay	igh		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S	SOCIAL SECURITY NO.	NFORMANT		Addr	ess Tarra	le,Md.
(16 yes, give war or dates of service)	05-03-4151 III	rs. Ruth Pr	vor. 9	13 Nat		lway.
18. CAUSE OF DEATH [Enter only one cause per line				2100		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	a see fall fall due fall?	A 4- 0	al 1-			SET AND DEATH
IMMEDIATE CAUSE (a)	(cute 1)il	atation en	TORY		7	5 min
DUE TO		- 0				- 1
Canditans if any, which ) (b)	lestinal	Ileus				2 d.
gave rise to immediate cause (a), stating the under-	- 0 0	- ^ -				
lying cause last.	Cholicus	ections				2 0
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THETERMIN	NAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)	P. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CO	A					PERFORMED?
20g ACCIDENT WAS LINDER VINISATE 20h DESC	RIBE HOW INJURY OCCURRE	Company of injury in P	ort Lar Part II	of item 18.1		
200 ACCIDENT WAS UNDERLYING 1 206 DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Mile 11077 III 301 GCCOMILE	or terror house or into A				
S 20c TIME OF INJURY Month, Day, Year 20d IN	JURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	20f. (City ar	tawn)	(County)	(State
20c TiME OF INJURY Manth, Day, Year 20d IN Haur a.m. While at wark	1401 MILLIE 1	tary, street, affice bldg., etc.	)	· ·		
p. m. 19 at wark			1.5			
21. I certify that I attended the decease		, 19.60, to				
alive an 7/17 196	and that death	accurred at 8 2	M, from the	couses and	d on the date	stated above
M 1/	01		ADDRESS (Street	, city or Jown,	state)	DATE SIGNE
ACTUAL SOLL I.	21127	2/ W 14. 6		Y. de	stourel	11/18
SIGNATURE COLLAR		W.D. XT M. MATCH	HAMLE		Caldard To	14
PHYSICIAN'S TRANK T. H	ARRAT					
220 BURIAL, CREMAT ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	N (City, town, o	ir county)	(State)
Burial 7/21/60	Maple Wo	nod	New I	exing	ton 0	hio
77	Funeral Hom	0.000	BY REGISTRA	24b. REGIS	TRAR'S SIGNATU	RE
Beyld H. Montesut 23 5		DATE III	25'60	avi	lun S. Kram	A

VS A15 (4) 15M 9/58



# ATTENDING PHYSICIAN OR HOSPITAL! The law requires that the death certificate be executed within 26 hours NSTRUCTIONS

13.5

third copy

the

director,

uneral,

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certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transif permit. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

'VS A15C 1-55 10M™

The bottom copy may be retained by the hospital or attending physician.

Ö

1. PLACE OF DEATH

COUNTY

Alle any

(If outside corporate limits, write RURAL and give negrest town)

registrar within 72 hours after death. After this

after death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOM

CITY

(if outside corporate limits, wri

### CERTIFICATE OF DEATH 7573

MARYLAND

LENGTH OF STAY

07555

eg. Di	st. No.			
ECEAS	ED			
Alle	_ liy			
nd give n	aaresi town	1)		
	-1			
As IDCELIO	n?			
nth)	(Day)		(Year)	
ly	2,	100	34	
IF UND	ER 1 YEAR	IF UN	DER 24	HR5
Months				Min.
	12. CITIZ COU	EN OF Y	WHAT	
	U.	S	A	
28	Hill	Stre	eet	
Tr	U3+1	-1.7	200	
	INT	ERVAL I	DE DE	N TH
	15	116	K	an
	- 6/	0 - 0	2.4	0
	Allo nd give n relocation in th)  If UND Months	Alically  Alically  Indigive nasers fown  (aly 29  IF UNDER 1 YEAR  Months Deys  12. COUL  U.  INT	Allegary  Ind give neerest fown)  India (Day)  India (Day	Allegary  Allegary  Indigiva nearest town)  (*e location)  (*allegary)  (*June 1 (Year)  If UNDER 1 YEAR   IF UNDER 2*  Months Days Hours  12. CITIZEN OF WHAT COUNTRY?  U. S. A.

TOWN PROSTOURS	Life	TOWN	${ t Frostb}$	ir s		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 36 Mill Street		STREET ADDRESS	56 Mil	(If rurel giv	re location)	
	(Midde) Marcella Raffer			4. DATE (Mon	ly 2,	(Year)
le rite (Specify).	c. rod July	23, 1 <sup>9</sup> 2	7	AGE lest birthdey	Months Deys	Hours   Min.
done during most of working life, even if	. KIND OF BUSINESS OR INDUSTRY	Frostbur	g, Marj	land	COUN	EN OF WHAT
Deniel Scally		14. MOTHER'S Brid	maiden nam get Cl			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	16. SOCIAL SECURITY NO.		MANT & ADD	1.cDy . 1d,	28 Hill Trustl	Street
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE IMMEDIATE CAUSE (A)  ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ath 18. MEDICAL CI Ere fra l Hyperts	Hen Nen	nou	Kage		erval between iser and death I All Con encial fear
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.						
19e, DATE OF OPERATION 19b, MAJOR FINDI	NGS OF OPERATION				YES	O. AUTOPSY?
216. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY at (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, ferm, fectory, reat, office bldg., etc.)	21c. WHERE DID INJL	IRY OCCUR?	(City or lown)	(County)	(Steto)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) M.	21e. INJURY OCCURRED While Not while et work et work	21f. HOW DID INJU	IRY OCCUR?			
23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  24. REC'D BY REGISTRAR  REGISTRAR'S SIGNA  Culture 2. T	M.D. NAME OF CEMETERY C	OR CREMATORY  25. FUNERAL DI	ADDRES	ses and on the comes (Street, city, town Cation (City, town NATURE	date stated above no, state)  ADDRESS	DATE SIGNED  (Stole)
DATE WALL		Mr. VILLETT	fel y	<u> </u>	dann, Par	nowlvani.



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

07556

	7555		CERTIFI	CA	E OF DEAT	H		0 • 0		
1. PLACE OF DEATH	Allegan	TY.	MARYL	AND	2. USUAL RESIDENCE (		l lived. If institution b. COUNTY			on)
RURAL and give no	f outside corporate lim	-	LENGTH OF STAY II		Maryl c. CITY OR TOWN ( Y Pinto				gany	
	AL (If not in hospital, and the party (	_	ress)	ary	STREET ADDRESS				e. IS RESII	DENCE FARM? NO.
3 NAME OF DECFASED (Type or print)		oline	Middle V •		Rawlings	4. DATE OF DEATH	July	1		960
s sex Female	6 COLOR OR RACE White	7. MARRIED	NEVER MARRIEI	_	1/7/1874	,	9. AGE (In years lost birthday) 86 yrs.	Months Doys	-	R 24 HRS Min.
Housewife	king life, even if retired	done 10b. KIN	D OF BUSINESS OR	INDUS	Frostbu	rg, Ma			S. A.	
13. FATHER'S NAME	Henry Hab	erlei	n			Knatz				
15. WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give wor or dates of		CIAL SECURITY NO.		llegany C			"Cumbe ry Rec		i, Mc
	ATH [Enter only one county was caused by IMMEDIATE CAUSE (c	China	or (0), (b), and (c) ]	400	arked a	Sepul	erution	100	NTERVAL BET	WEEN
Conditions, if o		her	eleral	a	rterio	shlu	iosis	, -	>	
gove rise to i couse (o), stating lying couse lost.		chr	once	S	epfrit	70			>	
PART II OTI	HER SIGNIFICANT COM	VELLE CON	LA	_	oscafe	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	PERFOR	NO [
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIB	E HOW INJURY OC	CURRED	(Enter noture of injury	in Port I or Por	t II of item 18.)			
ZOC TIME OF INJUR Hour a.m. p.m.	RY Month, Doy, Ye	While of work	Not while	20e. PLA foci	CE OF INJURY (Home, fory, street, office bidg.,	orm, 20f. (City etc.)	or town)	{Count	yl	(Stote
	at (I) (this haspital sed alive an 7/	2/60	the deceased (		6/8/60 @ 5:30 A	19, ta M, from	7/4/60 the causes an	, 19, d an the da	,	
220 SIGNATURE	auces !	3.72	Leau		ATTENDING PHYS	MED DIRECTOR	STAFF PHYS X			SIGNE
22c PHYSICIAN'S NAME (Type)	Dr. Jame	s E. I	McLean		49 Gre	ene St	., Cumb	erland	, Md.	•
230 BUR AL, CREMATIC REMOVAL (Specify) Burial	July 7,19		ose Hill				rion (c.iy. town, c erland, 1		(Stole	2)
24. FUNERAL DIRECTOR By:	's signature ron Kight	Cum	appress berland.	Md.		JUL 8 1		TRAR'S SIGNAT		

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 so after death. Page 4 may be red by the haspital ar attending physician.

TO FUNERAL DIRECT. R. After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, or remayal, and in any expressible haurs after death. M VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

07557

7556

**CERTIFICATE OF DEATH** 

	12171										
1. PLACE OF DEATH G COUNTY		CHMBERLA	NDMARYLAND		USUAL RESIDENC		ere deceased live	I. If institution b. COUNTY ALLEGA		efore admi	ssion)
ALLEGANY	E A-1 II A-1 II II- II-	2 41 14 41 1 1	710	-	MARYLAN		. 1 4				h
CUMBERLA NO	If outside corporate limits, earest tawn! • MARYLAND		OF STAY IN 16	52	c. CITY OR TOWI				KAL and give	necirest rov	en)
d. NAME OF HOSPIT					d. STREET ADDRE		ND AVE.			ON	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	RUSSEL		LEROY		REYNO	LDS	4. DATE OF DEATH	JULY	١	29	19 <sup>7</sup> 60
s. sex	N 44 4 4 7 7 7 7 7	MARRIED NEV	ER MARRIED		TOBER 7.	191	la.	st thirthday)	Months Day		
	1 111111111111							, , ,,,,	12. CITIZEN	OFMULAT	COLINITON
	ON (Give kind of work do king life, even if retired) 1 <b>N O U N C C T</b>		Statio				MARYLA	_	U.S.A		COUNTRY
13 FATHER'S NAME				14	. MOTHER'S MAI	DEN N	AME				
	ND REYNOLDS	***		DUTOR		A DA	VIDSON				
(Yes, no. or unknown) Yes.	R IN U. S. ARMED FORCE (If yes, give war or dates of serv W. W. # 2	57 16. SOCIAL SEC 705-10		INFOR MEM	ORTAL HOS	SPIT	TAL, CUM	BERLAND		LAND	
	ATH [Enter only one caus			,	22	Lawy .				NTERVAL E	
14811.00	IMMEDIATE CAUSE (o)_	ma	To got a	_ /	degels	pr 1	i'= *	1			· · · - · ·
203	DUE TO										
Canditions, if a	mmediate!										
cause (a), stating											
lying couse last.	) (c) _									110 1116	AUTORIN
PART II. OTI	HER SIGNIFICANT CONDI	TIONS CONTRIBUTION	NG TO DEATH B	UT NO1	RELATED TO THE	TERMIN	NAL DISEASE CO	ndition give	N IN PART 1(o	PERF	ORMED?
OR CONTRIBUTING	AS UNDERLYING   2 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW	INJURY OCCUR	RED. (Er	nter nature of inju	ry in P	ort I or Part II of	item 18.)			
3 20c. TIME OF INJUR	lY Month, Day, Year	20d INJURY OCCI	JRRED 20e	PLACE	OF INJURY (Home	e, farm,	20f (City or to	we)	(Caun	(v)	(State
ZOC. TIME OF INJUR	19	Whire Not work at work	16	factory,	, street, office bld	g , elc.)			`		
21 I certify the	at (I) (this haspital)	attended the de	eceased fran	n. 3/	ar.	. 124	fact to the	12 29	19 600	that (1)	(we) las
saw the decea	sed alive an	xy 29 194	् , and that	deat	h accurred at	8:1	Monthe Marine	causes and	d an the do	ite state	d abave
22a. SIGNATURE	4	-//									26. DATE
	DEIN	13-1	and the same of th	M.D.	PHYS.	K DIR		AFF IYS.		7/-	30/6
22c PHYSICIAN'S NAME (Type)	DR. LEO H	LEY			456 NO	RTH	CENTRE	ST., CL	MBERLA	ND, M	D.
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAM	E OF CEMETERY	OR CR	EMATORY		23d. LOCATION	(City, town, or	r county)	(Sh	ole)
Burial Specify	8/2/60	Davi	s Memo	ria	l Cem.		Cumbe	rland,	Mary	land	ĺ
24 FUNERAL DIRECTOR Charles	's SIGNATURE L. George	Cumber		Md.	250	REC'C	UG 2 REGISTRAR		TRAR'S SIGNA		

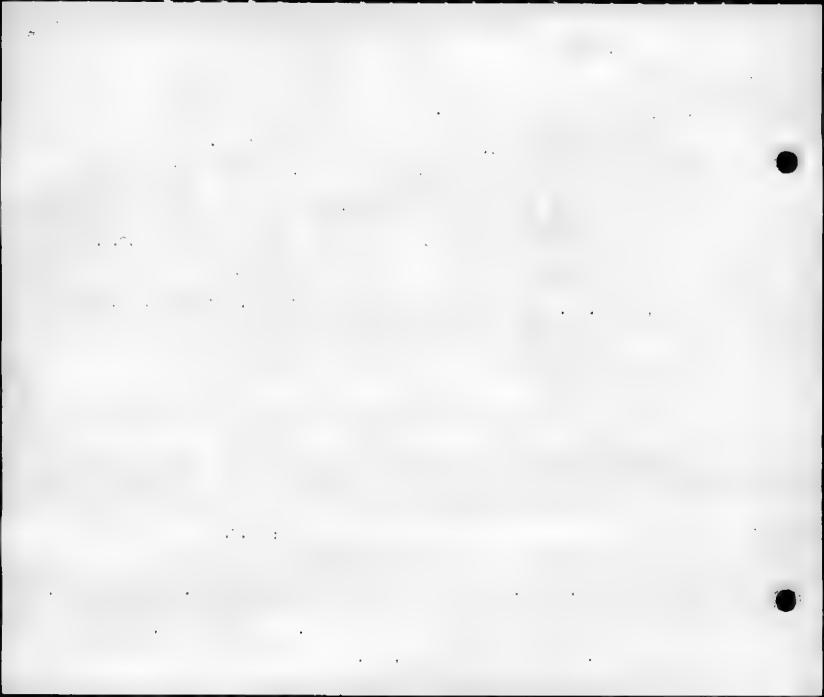
DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be the state Board of Health prior to burial, cremation, or removal, and in any premit, within 72 hours ofter death. ined by the hospital or attending physician. moy L

■R ATTENDING PEYSICIAE : The low == pures that the d≡oth certificate be executed within 24

rs ofter death. Page 4

TO HOS VR A15 (4) 15M 9/59



1020	od be	1	poil.	
essary, please	Page 4 shoul		buriol, crema	,
ny they is nec	ne rector.	you res.	egistrar priar k	
All EXAMINER: This certificate shalld be executed within 24 llours ofter death. If any Alex is necessary, please see	e, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune	Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your es.	JOR: Page 3 should be used as a burial-transit permit. File pages Tand 2 with the registrar prior to burial, cremation.	
in 24 Bours oft	re Pages 1, 2, a	Page 5 may b	File pages I an	
executed withi	n Item 18. Giv	ith form PM3.	ansit permit.	
tate sharuld be	ig" in pencil ii	Office alang w	d as a burial-tr	
ER: This certific	ward "pendir	J Examiner's (	should be used	
AL EXAMIN	e, writing the	Chief Medica	TOR: Page 3	

rorw Jo the Crost To FUNERAL DIRECTC

O.

VS. A15ME(5) 5M ₽/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7557

07558 Reg. Dist. No.

7.	PLACE OF DEATH		2. USUAL RESIDENCE (	Where deceased lived. If Institution, Re-	sidence before admission)
	a. COUNTY Allegany	MARYLAND	o. STATE Marry	land b. COUNTY	legany
	b. CITY OR TOWN (If outside corporate limits, write Ri and give negrest town)	c. LENGTH OF STAY IN 16		If outside corporate limits, write RURAL	
	Cumberland	X.A		erland	
	d NAME OF HOSPITAL OR INSTITUTION (IF I	nat in hospital, give street address)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?
1	Memorial Mosnital		1 000	Vola Ctmost	YES NO
3	NAME OF First	Middle	Last	Vale Street	
"	DECEASED			OF DEATH	Day Year
-	R. C. L Y		Tour	JIIIV	19 60
J.		MARRIED NEVER MARRIED   8	. DATE OF BIRTH	P. AGE (In years IF JND lost berthday) Months	PER TYEAR IF JINDER 24 HRS.
	Male Vuite V	VIDOWED DIVORCED	April 9, 19		10072
10	o. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State		ITIZEN OF WHAT COUNTRY?
_	ire worker	Kelly-S ringfie	ld Fairview	, Pennsylvania	USA
13	FATHER'S NAME	Tire Co.	14. MOTHER'S MAIDEN	NAME	
1	Silas Robison		Maria 7i	rfield	
	. WAS DECEASED EVER IN U. S. ARMED FORCE			625 LAdorer S	Stroot
1	n, no, or unknown [ [If yes, give wor or dates of serv	1217-10-183	1	020 ~ reper k	M. I . I
$\vdash$	DO CAMES OF STATE IS A STATE OF STATE O	TATE OF THE PROPERTY OF THE PR	s. Himer Lr	oss Sucherland,	INTERVAL SETWEEN
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Coronary Thr	ombosis, 1	eft	12 hrs.
	DUE TO				
Н	Conditions, if ony, which) (b)	Coronary Sol	erosis		
П	gave rise to immediate couse ( (a), stating the underlying DUE TO				
	couse lost.				
z	PART H. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERA	AINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY
00					PERFORMED?
Ş	DA FUTERILIA GLASSIANIAS				YES NO
CERTIFICATION	PRIMARY LI or CONTRIBUTING LI	DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Pa	irt t or fact II of item 18.)	
	CAUSE OF DEATH.				
MEDICAL	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, far		County) (State)
VED.	Hour o. m. 19	While Not while toch	ory, street, affice bldg., etc	5.1	
1	21. I certify that I taok charge o		ve, held an Autap	sy 🔭 Inspection 📆, Ingi	viry Tand find that
П	death resulted fram: Natural co	uses M. Accident II. Sui	cide . Homicid	e . Undetermined cause !	
	0 .7	0	orac	·	
	ACTUAL BOUND INT	V0 - 0 3	#446E 11EB1#41		BAPY STREET
П	SIGNATURE SAME CLEAN	DRIBLER	_M.D. CHIEF MEDICAL E		
	EXAMINER'S		ASSISTANT MEDIC	CAL EXAMINER []	
	NAME (Type) BENEDICT	SKITARELIC. M.	D. DEPUTY MEDICAL	EXAMINER X JULY 2	1960
22	P. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town, or county	y) (Stote)
	Burial 7/5/60	Fairview Chr.	istian Cem.	In lesmith, enn	sylvania
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246. REGISTRAR'S	
	John J. Hafer, Cumbe	rland. Maryland	DATE	IL 6 '60 Criber S	2 4
		A MOTORIA OF THE PROPERTY	1 man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	) Landinust 1	77 4



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arthur S. Kraus

<sup>2</sup>60



rs after death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

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1 (7 (7 ))				1 ( ) ( ) ( )
1. PLACE OF DEATH  o. COUNTY ALLEGANY	MARYLAND	a STATE	re deceased lived. If insti b COUN	
		MARYLAND		ALLEGANY
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  CUMBER LAND	c. LENGTH OF STAY IN 16	CRESAPTOW		te RURAL and give nearest tawn)
OR INSTITUTION MEMORIAL HOSE MEMORIAL & WARWICK AVE	TAL'	d. street address Winchester	Avenue	e. IS RESIDENCE ON A FARM? YES \( \text{NO} \( \text{NO} \)
3. NAME OF DECEASED (Type or print)  WILLIA	Middle R.	Last SHANK	OF	Wanth Day Year  JULY 25 19 60
5.45.5 PT 5.11.1 TPP	RRIED NEVER MARRIED TO	8. DATE OF BIRTH MAY 12, 1908	9, AGE (In ye lost bictorio	y) Manths Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10th during most of working life, even if retired)	. KIND OF BUSINESS OR INDU			12 CITIZEN OF WHAT COUNTRY
Did not Work		W.VA.	Lewisburg	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
ALBERT SHANK		ANNIE WR	IGHT Winches	****
15. WAS DECEASEDEVER IN U. 5. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of service)		NFORMANT		
no	DRAFT ATT	Annie Snar	ik, Cresapt	ewn; Maryland
PART I. DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  Canditions, if any which gove rise to immediate cause (a), stating the under lying cause lost.	Chronic Co	suical s	pino 1	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	L DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Pa	ort I ar Part II af dem 18.	
Hour o. m. Whil	C-	ACE OF INJURY (Home, farm, cotory, street, office bldg., etc.)		(County) (Stote
21 I certify that (I) (this haspital) atters saw the deceased alive on 220 NATURE				and an the date stated above
22c Harscian S	son	M D PHYS DIR	STAFF PHYS	7-25-60
NAMA (TYPE) HOWARD L. TOLSON	)	122 SOUTH	CENTRE ST	CUMBERLAND, MD.
230. BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY O		23d LOCAT ON (City to)	
REMOVAL (Specify)	60 Indian Mour			West Virginia
Burial July 27, 19	ADDRESS			EGISTRAR'S SIGNATURE
John J. Hafer, Cumber.	land, Maryland		11 29'60	Cistar & trace

may b Sined by the haspital ar attending physician.

TO IUMBERATOR: After this smallficate has been signed by the attending physician and campletely filled in by the funeral director.

Mage 3 should be detached far ase me the burial-transit permit. Then please repose and an appers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOS

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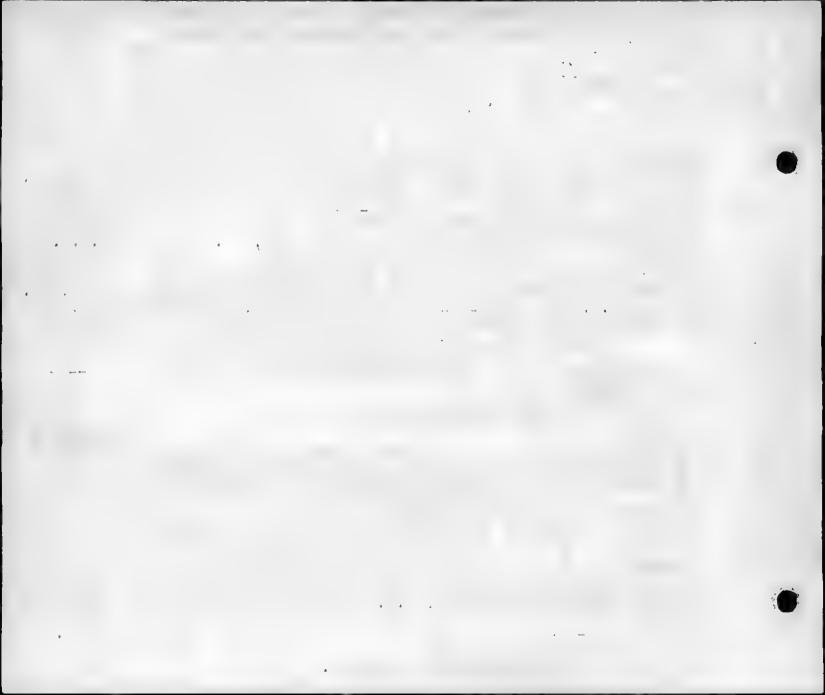
VS. A15ME(5) 5M 9/55

the should be executed within 24 hours one bearing it only by is necessary, preoper exer	g" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund		as a buriol-transit permit. File pages 1 and 2 with the registrar prior to buriol, crematian,
esson),	Poge		buriol
A IS SIGN	rector.	ıfes.	r prior to
Ony	fune	iffice along with form PM3. Page 5 may be retained for your riles.	registra
COLLE. 47	3 to the	toined f	with the
5 5 5	2, and	be rei	l ond 2
24 100013	Poges 1,	ige 5 mc	sabod 6
WITTIN	. Give	PM3. Pc	mit. File
מאכני חומם	Hem 18	h form I	insit peri
200	bencil in	lang wit	ouriol-tro
מוע אוול	g g	o ejije	osak

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7574 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07567 Reg. Dist. No.

1. PLACE OF DEATH	~						ed lived. If Institu				on)
	legany		MARYLAND		Maryl			むエエ		Y	
b. CITY OR TOWN and give nearest to	(If outside corporate limits, write own)	w RURAL	c. LENGTH OF STAY IN 16	E. CITY C	II) MWOT R	outside corp	porote limits, write	RURAL ond	give ne	arest fawn	)
Frostbu			lifetime	Fr	ostbi	urg					
d. NAME OF HOS	PITAL OR INSTITUTION	If not in hosp	pital, give street address)	d. STREET	ADDRESS					e. IS RESI	FARM?
7 Ormon	d Street			7 7	Ormor	nd St	reet			YES 🔲	
3. NAME OF DECEASED	Fir	st .	Middle	Lo	net	4. DATE OF	Menth	1	Day	Yea	IF.
(Type or print)	ROBERT		HOOPER S	HEARER		DEATH	7		13	19	60.
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIR	TH		9. AGE (In years loss burthday)	IF UNDER 1		IF UNDER	
M	W	WIDOWED	DIVORCED	5-23-1	893		67 yn.	Months E	Days	Hours   I	Min.
100. USUAL OCCUPA	TION (Give kind of work king life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHI	LACE (Stote	or foreign o	ountry)	12. CITIZ	EN OF	WHAT CO	DUNTRY
Salesma		Au	tomobile	Eal	timor	20 . 14.0	d.		U.	S.A.	
13. FATHER'S NAME				14. MOTHER							
Robert	Shearer			Molli	e Far	rady					
15. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT			Address	Cumbe	rla	and.	Ivid .
Yes, no. or unknown)	Wall	1	1-05-5461	ss Rut	h Fai	ipe . 2:					
	EATH Enter only one car									AL BETWEEN	1
PART I. DI	EATH WAS CAUSED BY		CORONARY	OCCLUS	TON				ONSET	SUDDI	EN
	IMMEDIATE CAUSE (6)		OCHORISE	000202	1 0 11			~~ <del>~~ ~~</del> ~~~	+	20293	
Conditions, if			CORONARY S	CLEROS	STS						_
gave rise to imm	nediate cause	1	OOMONIALE C	O LILLI O C					-		
(a), stating the											
	THER SIGNIFICANT CON		NTRIBUTING TO DEATH BUT	NOT PELATED T	O THE TERM	INIAI DISEASI	F CONDITION GIV	FAL INI DADT	1/-1/10	UA ZANAC ALI	ITOPSY
DE LOW III.	THER STOP HITCHIST COTT	D.110113 <u>co</u> .	THE STATE OF THE S	NOI KLENIED I	O TELL TERRET	INACDISCASI	E CONTINON ON	LIN IIN TAKI	1	PERFORA	AED?
200 EXTERNAL C	AUSE WAS	M DESCRIPE	HOW INTURY OCCUPANT	Enter action of	Intone to 6	t I an Den at	of the 12.1		Y	ES 🔲 I	NO N
_	AUSE WAS CONTRIBUTING   20	O. DESCRIBE	HOW INJURY OCCURRED.	coler nature of	injury in Por	or ran li	or nem 18.)				
20c. TIME OF IN.	n.	While	Not while fec	ACE OF INJURY tory, street, office	(Home, farm ce bldg., etc.	20f. (City	or town)	(Cour	nty)		(State)
		at wor		1 11							
	_		emoins described ob				nspection ሺ,			and fir	nd that
death results	ed from: Notural	causes X	, Accident 🔲, Su	icide [],	Homicide	, Ui	ndetermined c	ause 🔲.			
ACTUAL	0 1	18	04. 1	1						DATE SIG	INIED
ACTUAL SIGNATURE	Denedic	VIT	Estabelia	_M.D. CHIEF	MEDICAL EX	CAMINER [					
EXAMINER'S				ASSIST	ANT MEDIC	AL EXAMINE	2 🗀				
NAME (Type)	BENEDICT	SKITA	RELIC M.D.	DEPUT	Y MEDICAL	EXAMINER [	X JULY	13,	19	960	
22a. BURIAL, CREMAT REMOVAL (Speci	ION, 226. DATE THEREC	OF :	22c. NAME OF CEMETERY OF				TION (City, town, o	or county)		(State)	
Burial	7-18-60	)	Arlington Na	ational	l Cem	etery	, Arlin	gton		Va.	
23. FUNERAL DIRECTO	OR'S SIGNATURE	22 17	ADDRESS Have			D BY REGIST		TRAR'S SIGI			
Bulal H. W.	teant Haf	zr rul	neral Home in Frostbu	ro Md -	DATE !!	UL 20"	60 a	Ming S.	the	cA.	



CERTIFICATE OF DEATH

PLA 0. ( b CITY OR TOWN (If autside carporate limits, write

CE OF DEATH PLLEGANY	MARYLAND
ITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a STATE MARYLAND

ALLEGANY c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest lawn)

CUMBER LAND DAY d NAME OF HOSPITAL (IF INCIDENTIAL OF INSTITUTION AVES ..

First

WIDOWED TX

d STREET ADDRESS

Last

CUMBERT AND

b. COUNTY

21 WEST FIRST STREET

4. DATE

DEATH

e IS RESIDENCE ON A FARM? YES NO PE

3. NAME OF DECEASED (Type or print) 5 SEX

MEMORIAL

ALBERT 6. COLOR OR RACE

SHORT MARRIED NEVER MARRIED

Middle

DIVORCED |

B. DATE OF BIRTH

JULY 9. AGE (In years lost birthday) 9rs Months:

Month

60 10 FE UNDER 1 YEAR IF UNDER 24 HRS

MALE

during most af warking life, even if retired)

AUGUST 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)

12 CITIZEN OF WHAT COUNTRY?

Railroad Retired Carmen Helper

WEST VIRGINIA U. S. A.

Haurs

Days

3. FATHER'S NAME

ALBERT LEE SHORT

17 INFORMANT

Hariet Cowgill Address

No

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO

PART II. OTHER SIGNIFICANT CONDITION

HOSPITA

MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gove rise to immediate DUE TO

WAS AUTOPSY PERFORMED?

YES I NO DO

INTERVAL BETWEEN ONSET AND DEATH

200 ACC DENT WAS UNDERLYING []

20c. TIME OF INJURY Month,

n m

Hour a.m.

cause (a), stating the underlying couse last,

20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port c or Part II of item 18.

OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Doy, Year 20d. INJURY OCCURRED While Nat while

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(State) (County)

saw the deceased alive an

at work at work 21 | certify that (I) (this haspital) attended the deceased fram.

ATTENDING

M.D

1960, to July , and that death occurred at 1:00AMom the causes and an the date stated above.

19.60, that (I) (we) last

220 SIGNATED 22c. PHYSICIAN'S

NAME (Type)

DR. THOMAS LEWIS

STAFF PHYS MED DIRECTOR PHYS 22d. ADDRESS

ALGONQUIN HOTEL, CUMBERLAND, MARYLANT

(Stote)

22b, DATE S GNED

230 BURIAL CREMATION REMOVAL (Spec fy) Buria.

236 DATE THEREOF 7 - 9 - 60

23c NAME OF CEMETERY OR CREMATORY Fort Ashby Cem.

23d LOCATION (City, town, or county) Fort Ashby W. Va.

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS James F. Scarpelli Cumberland. Ad. 25g. REC'D BY REGISTRAR JUL 1 3 '60 DATE

andhur & Henry

25b REGISTRAR'S SIGNATURE

DIRECTOR: pino FUNERAL 0

director,

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attending

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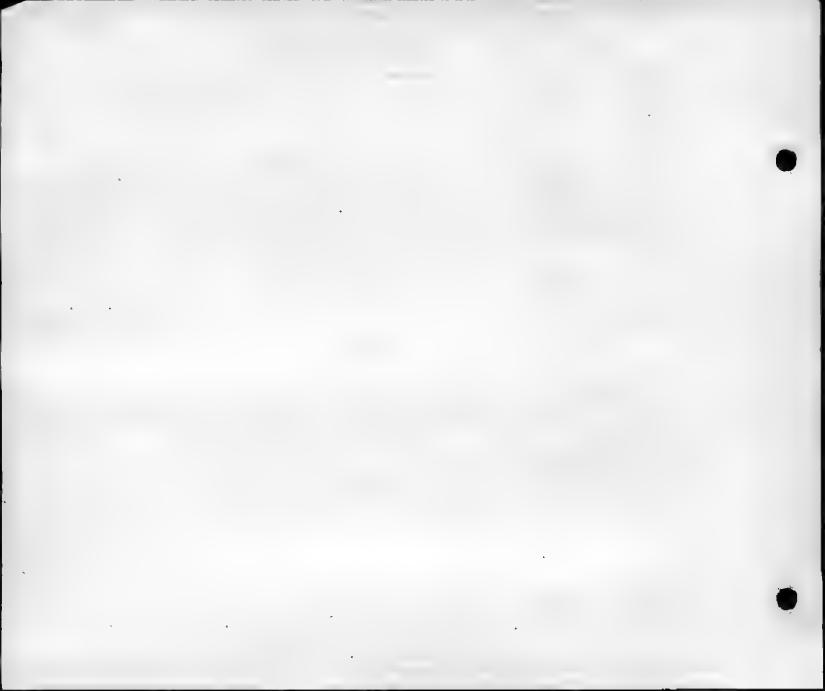
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A15 (4) 15M 9/59

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07564

# t/ ( t)	<b>4 1 1 1 1 1 1 1</b>			- () J X
1. PLACE OF SEATH Allegany	MARYLAND	2. USUAL RESIDENCE (WAS 0. STATE Mary]	ere deceased lived. If institution and b. COUNTY	Residence before odmission) Allegany
b CITY OR TOWN (if outside corporate limits, w RURAL ampairs named town) g	tite   c LENGTH OF STAY IN 16	A SEC	ulside carporate limits, write RUI coning	RAL and give nearest lawn)
d. NAME OF HOSPITAL (If not in hospital, give so or INSTRUMENTS HOSPITA	treet address)	STREET ADDRESS Robi	n Street	e, 15 RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Agnes	Middle S	tevenson	4. DATE Month OF DEATH July	-,
77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		March 27,18	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	F UNDER 1 YEAR F UNDER 24 HRS Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WOTK	Own Home		e Maryland	U.S.A.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN N		
James Birmi			et McMahan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas no. or unknown)  (If yes, give wor or dates of terrice)	none M	rs.Calvin J Daughtern	ames Lona	coningm Md.
PART I DEATH (Enter only one caused PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Canditions, if ony, which gave rise to immediate cause (a), stating the under:  lying couse lost.  (c)	Reumon	ia.		INTERVAL BETWEEN ONSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DIS CONTRIBUTING TO DEATH BUT I	las disea	se	N IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
Haur o. m. 19 g	Vhile Nat while foot It wark all of work	CE OF INJURY (Home, form tory, street, office bldg., etc.		(Caunty) (State
21 I certify that (I) (this hospital) at saw the deceased alive an account	tended the deceased fram	eath accorred at 9.9	M, fram the causes and	, 1969 that (1) (we) last on the date stated above
Janely M	180	A.D. ATTENDING ME		22b DATE SIGNED
22c. PHYSICIAN'S NAME (Type) L. R. MILES, J	R. MD.	Lana C	ONING 1	ND.
236 BURIAL, CREMATION 236, DATE THEREOF 7/9/60		crematory ks Cemetery	23d LOCATION (City, town, or MT . Savage	Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
George Eichhorn	Lonaconing.	VICE BATE	nn 11'60   a.	albun & House



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

07565

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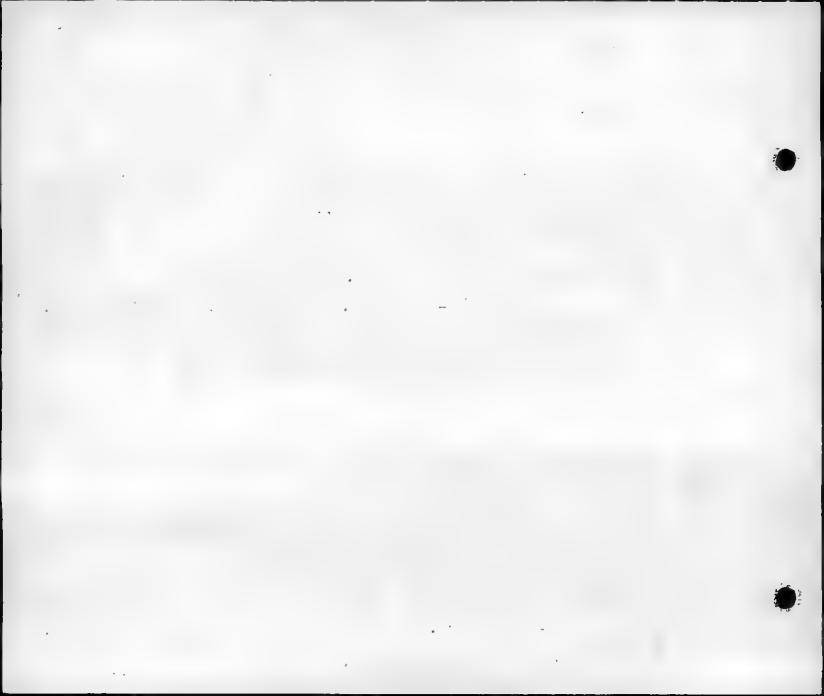
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may be used by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funero directar, page 3 should be detached for use as the burial-tronsit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar removal, and in ony event, within 72 hours offer death

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOS VR A1S (4) 15M 9/59

		114 11					<u> </u>		
	1. PLACE OF DEATH o. COUNTY			MARYLAND	2 USUAL RESIDENCE o. STATE		I lived. If institution b. COUNTY		
		Allegany	. 1			ryland		Alleg	
	b CITY OR TOWN (If RURAL and give ne	outs'de corporate limits,	write [	c LENGTH OF STAY IN 16	c. CITY OR TOWN	I (If outside corpo	rote limits, write RL	JRAL and give nea	rest town)
1		tburg		40 Yrs.	Fro	stburg			
ľ	d NAME OF HOSPITA	AL (If not in haspital, giv	e street d		d. STREET ADDRE				on a FARM?
	OR INSTITUTION	rs Hospit	- 7		51	What ab t	Street		YES NO KIX
			원			4. DATE			
ı	3 NAME OF DECEASED	First		Middle	Last	OF	Mont		
	(Type or print)	Geor	ge	Albert	Wagner	DEATH	July		th, 1960
	S. SEX	6 COLOR OR RACE	MARRI	ED NEVER MARRIED 🛣	B. DATE OF BIRTH		<ol> <li>AGE (In years lost birthday)</li> </ol>	Months Days	Hours Min.
	Male	White	VIDOWE	D DIVORCED	Aug.1st.	1893	66 yrs.	moniis odys	Hours Mill.
ľ	100 USUAL OCCUPATIO	N (Give kind of work do	ne 10b. I	KIND OF BUSINESS OR INDUS			ountry)	12. CITIZEN OF	WHAT COUNTRY?
	Self Empl	ing ife, even if retired)	Par	per Hanger	Mary	hael		US	A
	13. FATHER'S NAME	.oyea	L CL	er namer	14 MOTHER'S MAIL			00	8
1	_	T.T			•				
4	George		- 1			se Robe			
1	1S WAS DECEASED EVER (Yes, no, or unknown) (	R IN U. S. ARMED FORCE If yes, gave were or define of serv		SOCIAL SECURITY NO. 17. IN	IFORMANT		Addr	"" 51 Wr	ight St.
			22	0-40-2110 N	Irs.Annie	Plumme	r. Fr	ostburg	Md.
	18. CAUSE OF DEA	TH [Enter only one cour	se per lin	e for (o), (b), and (c)	4		. // 1	A INTE	RVAL BETWEEN
	PART I, DEA	TH WAS CAUSED BY:		( an again	cive, >	do- 1	Sou	seens ONS	SET AND DEATH
ı	4 .	IMMEDIATE CAUSE (6)_		Co-regions		1-0-01	7-0		TESTON
ı	7	DUE TO		111	10-200	0.			
1	Conditions, if or gove rise to in			001		Coop	ia		
	couse (a), stating t								
	lying couse lost.	(c)_							
	Z PAIT II OTH	ER SIGNIFICANT COND	TIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEAS	E COND TION GIV	EN IN PART 1(o) 1	9. WAS ALTOPSY PERFORMEDS
	PAIT II OTH								YES I NO
	200. ACCIDENT WA	S UNDERLYING TI	Ob. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injur	ry in Port 1 or Por	t II of item 1B }		
	OR CONTRIBUTING	S UNDERLYING [] 2 CAUSE OF DEATH MEDICAL EXAMINER)				•			
		Y Month, Doy, Year	20-4 16-	HURY OCCURRED 200 PL	ACE OF INJURY (Home,	form 20f (City	or town	(County)	(Stote)
	20c. TIME OF INJURY		While		ctory, street, office bldg		0. 104.11	(Coomy)	(5,5,5)
	₹ p, m,	19	ot work	of work			-		
	21. I certify tha	t (I) (this hospital)	attend	ed the deceased fram	July 14	12 (a) 10_	June 1.	5, 19 40 th	at (I) (we) last
	saw the deceas	ed alive on	إيرياب	15_19. 6 Dand that d	seath occurred at	1A M. fram	the causes an	d on the date	stated above
	220 SIGNATURE	2 0	15						22b DATE
		HILW	15.	totachia,	M.D. PHYS	MED DIRECTOR	STAFF PHYS.		SIGNED
	22c PHYS CIAN'S		-		22d ADDRESS	DIRECTOR L	11(1)		
	NAME (Type)	John:	B.	DAVIS, M.	D 2 Bro	odu;	J.F	De IO	my In
	23a BUR AL, CREMATIO	N. 23b. DATE THEREOF		23c NAME OF CEMETERY O	R CREMATORY	23d LOCA	TION (City, fown, o	or county)	(Stote)
	BuriaTofy)	7-18-60	)	F'bg.Memori	lal Park	Fro	stburg,		Md.
	24. FUNERAL DIRECTOR"			ADDRESS		REC'D BY REGIST		TRAR'S SIGNATUL	
	1 19	Dunt	-	Fronthuma	Md DAT	E 301 19		wither S. Kr	
	// //.	4		Frostburg,	PIQ . DAI	c Astra and	0	Julian A. 100	



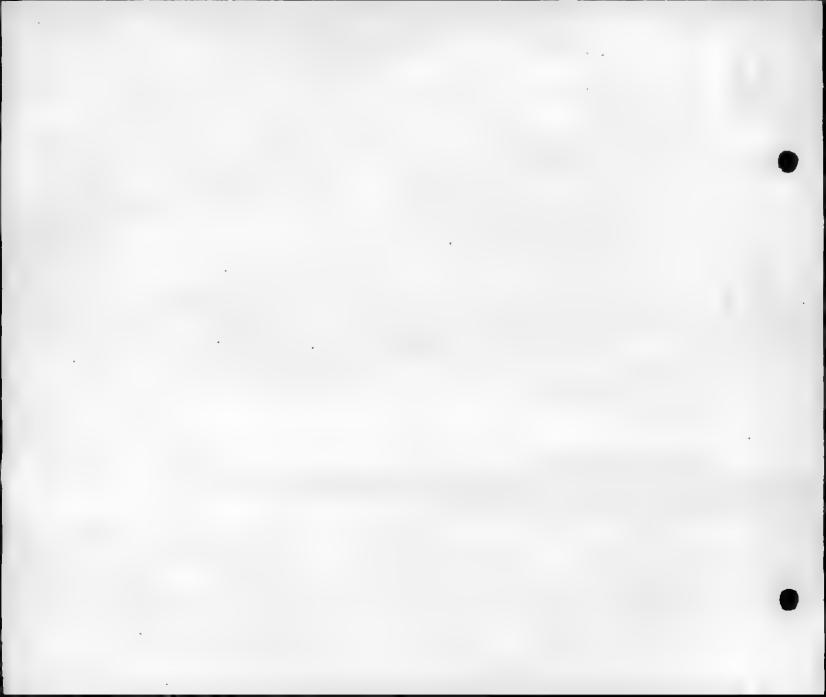
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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4 - 1 1 1 1	CERTIFICATE	OF DEATI

07566

1001	GERTIN 107	TIE OI DEATH	Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (Where decease was yellary land		efore odm ssion) egany
b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) Cumberland	55yrs	c CITY OR TOWN (If outside corpor	rate limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 29 New Hampshire Av	address)	d street address 29 New Hampshi	re Ave.	e IS RESIDENCE ON A FARM? YES NO TE
3. NAME OF First DECEASED (Type or print) EVR ME	Middle av Walters	Losi 4. DATE OF DEATH	Month TO	Doy Year 1960 19
5. SEX 6 COLOR OR RACE 7 MARRI F WIDOWE		B. DATE OF SIRTH  May 22. T87T		AR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done 10b. 1 during most of working life, even if refired) HOUSEWIFE  O	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign of Center County	ountry) 12 CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Henry Bush		Hannah Watso	n	
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 S (Yes, no or unknown) (If yes, give wer or dated of service) NO		HORMANT Lyde Walters 29	Address New Hampshire	e Ave
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	contuitic or	°C1.33.18 , 114. 2.	to ici	NYERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO Antenioselenotic co	rdiovascular	diau se		PERFORMED?  YES NOTE
OR CONTRIBUTING A CAUSE OF DEATH	RIBE HOW INJURY OCCURRED	(Enler nature of injury in Parl 1 or Par	t It of item 18.)	
Rour o. m While	Not while ol work	CE OF INJURY (Home, Farm, 20f. (City large, street, office bldg., etc.)	r ar lawn) (Coun	ty) (State)
21. I certify that I attended the decease alive on JULY 18, 19  ACTUAL SIGNATURE SIGNA	elury The	occurred at 11;45M, from	n the causes and on the careet, city or town, state)	date stated above DATE SIGNE
220. BURIAL CREMATION, 226. DATE THEREOF BUT12 7-21-60	22c NAME OF CEMETERY OR Hillcrest 1	CREMATORY 22d LOCA	TION (City, town, or county) Derland, 14d.	(State)
James F. Scarpelli Cum	berland, Md.	240, REC'D BY REGIST		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO FUNE VS A15 (4) 15M 10/57



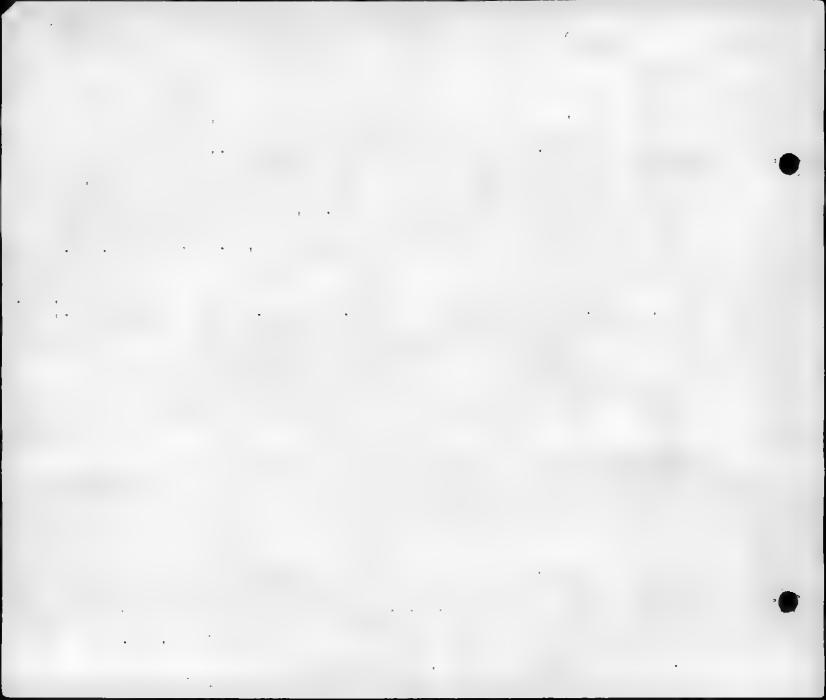
### FOR STATE HEALTH DEPT.

DIEPUZY MEDICAL EXAMINER: This certificom shamed in mented within 24 Bours after death. If any driver is necessory, please executive certificate, writing the word "pending" in penal in Item, 18. Give Poges 1, 2, and 3 to the color of director. Page 4 show use forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transity permit—file pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriof, cremotion, or removal, and many event within 72 hours after deaths.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18						
MEDICAL EXAMINER'S CERTIFICATE OF DEATH						
7562 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.						
1. PLACE OF DEATH a. COUNTY A 3 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
Attegany Maryland Maryland Allegany						
b. CITY OF TOWN (If outs de corporate limits, write RURAL and give nearest town)  Cumberland,  Cumberland.						
d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address)   d. STREET ADDRESS   0.15 RESIGN T						
Memorial Hosp.   56 Bedford St.   VES   NO 2						
3. NAME OF DECEASED   From Middle   Lost   4. DATE   Month   Doy Year   OF   (Type or print)   John   Beech   Williams   Death   July   17, 1960						
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 14 AR						
Male White WIDOWED DIVORCED NOV. 9, 1883 76" Myrs. Months Doys Hours Min.						
10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)						
Taxi Driver Transportation Meleties, W. Va. W. Va.						
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
Jacob Williams Armanda Hall						
15. WAS DECEASED EVER IN L S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Cumberland, M.						
Yes, 6/16 - 5/17 214-05-8418 Mrs. Henry T. Pyles 236 Glenn St.,						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSEL AND DEATH						
PART 1, DEATH WAS CAUSED BY:  CEREBRAL HEMORRHAGE  6 WKS						
DUE TO						
Conditions, if ony, which) (b) ARTERIOSCLEROTIC HYPERTENSIVE DISEASE						
gave rise to immediate course (a), stating the underlying DUE TO						
couse lost. (c)						
PART II, OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO CONTRIBUTING CONTRIBUTION						
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part t or Port II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stole)  Hour o, m, While Not while of work						
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry v. and in m						
opinion death resulted from Natural courses . Accident . Suicide . Homicide . Undetermined monner						
ACTUAL B AT 16 T 1 DATE SIGNED						
SIGNATURE & SILLACLES SELLACELLES M. D. CHIEF MEDICAL EXAMINER						
EXAMINER'S  NAME (1990) BENEDICT SKITARELIC M. D. DEPUTY MEDICAL EXAMINER . TITLY 17 1960						
NAME (Type) BENEDICT SKITARELIC, M. D. DEPUTY MEDICAL EXAMINER JULY 17, 1960  220 BURIAL, CREMATION, 226 DATE THEREOF (Slate)  220 NAME OF CEMETERY OR CREMATORY (22d LOCATION (City, town, or county) (Slate)						
Burial 7/19/60 Zion Memorial Cemetery Cumberland, Md.						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS {240 REC'D BY REGISTRAR'S SIGNATURE						
H. Wayne George Cumberland, Maryland DATE JUL 19'60 Circles & Kines						



may be sinced by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fifted with the State Board of Health prior to burial, cremation, or removal, and in any event, Albia 2 hours ofter death.

LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSP

60191XV2

ers after death. Page 4

a. COUNTY	LLEGANY		MARYLAND	a. STATE	NCE (Where decea	sed lived. If institu b. COUNT		e before admission) GANY
b. CITY OR TOWN RURAL and give to CUMBER			HOURS		WN (If autside car		RURAL and giv	re nearest fawn)
	K & MEMORIA	HOSPITAL		d. STREET AD		RSON AVEN	NUE	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Fir BA1	BY BOY	Middle	Lost WOLFE	4. DATE OF DEAT		JULY	Day Year 19 60
5. SEX MALE	6. COLOR OR RACE	7. MARRIED []	NEVER MARRIED ()	8. DATE OF BIRTH		9. AGE (In year last birthday)	Manths D	YEAR IF UNDER 24 HRS
None None	ION (Give kind of work or rking life, even if retired)	dane 10b. KIND C	F BUSINESS OR IND		BERLAND, I			S. A.
13. FATHER'S NAME				14. MOTHER'S A	AIDEN NAME			
RAYMOND	A. WOLFE			KATHL	EEN M. K	EILEY		
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR		SECURITY NO. 17.	INFORMANT			ldress	
No	[17 yes, give wen or earns or a		one	MEMORIAL	. HOSPITAL	L - CUMBE	RLAND,	MD.
Canditians, if gave rise to cause (a), stating lying cause last	immediate DUE TO		recia	atele	y	Leve	$\langle \rangle$	ONSET AND DEATH
CATIC	THER SIGNIFICANT CON	*					INEN IN PART	1(a) 19, WAS AUTOPSY PERFORMED? YES NO Z
OR CONTRIBUTING	AS UNDERLYING AS CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCURE	ED, (Enter nature at	injury in Part I ar P	art II at item 18.)		
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Yea	While _ N		LACE OF INJURY (He actory, street, affice I		ity ar town)	{Co	ounty) (State
	ot (1) (this hospital	) attended the				m the causes o		_, that (I) (we) los date stated above 22b. DATE SIGNEE
22c. PHYSICIAN'S NAME (Type)	DR. FULLER	B. WHIT	VORTH	22d. ADDRES	S	ST., CU	MBERLAN	ND. MD.
230, BURIAL, CREMATI BEMOTAL (Pecif)	July 6,		NAME OF CEMETERY Sunset Me		23d. LOC	mberlan	, or county)	(State)
24. FUNERAL DIRECTOR James	r's SIGNATURE F. Scarp		oomess Sumberlan	The state of the s	SO REC'D BY REG	ISTRAR 2Sb. REG	altury S. A	NATURE

0 VESTER INVESTIGATION A SHALL SELECT SELECTION OF THE PARTY OF THE AND THE REPORT OF THE PERSON O and the second s and the second s

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07569

	7564
1. PLACE OF DE a. COUNTY	ALLEGANY
b. CITY OR TO RURAL and	OWN (If autside carp give nearest town) CUMBERLAN
d. NAME OF OR INSTIT	HOSPITAL (If not in I

MARYLAND

" MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ALLEGANY

Months I

c. LENGTH OF STAY IN 16 autside carporate limits, write 4 HRS.

d. STREET ADDRESS

CUMBERLAND

e. IS RESIDENCE ON A FARM? YES NO X

(If not in hospital, give street address)
MEMORIAL & WARWICK MEMORIAL HOSPITAL NAME OF First Middle

4. DATE OF DEATH YODERS

908 LAFAYETTE AVE.,

Manth JULY Doy Year 1960

DECEASED (Type or print) 5. SEX **FEMALE** 

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED [

HTIGS

DIVORCED |

MAY

B. DATE OF BIRTH MARCH 18, 1916 9. AGE (In years last thir paday) YIS.

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest fawn)

IF UNDER 1 YEAR IF UNDER 24 HRS Days Haues 12. CITIZEN OF WHAT COUNTRY?

10a. USUAL OCCUPATION (Give kind of work done) The KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) Sales Clark

Novelty Store

KEYSER, W. VA.

14. MOTHER'S MAIDEN NAME

U.S.A.

13. FATHER'S NAME

MORY RUNION

OLIE DOUTHITT

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO. 17. INFORMANT

No 216-22-513 HOSPITAL MEMORIAL INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Tarlem IMMEDIATE CAUSE (a) Canditions, if day, gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(o) 19. WAS AUTOPSY PERFORMED?

Haur a. m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

Year 20d. INJURY OCCURRED Not while at work at work 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.

(State)

YES NO P

sow the deceosed alive an 18

MEDICAL

21. I certify that (1) (this haspital) attended the deceased from.\_\_

20f. (City ar tawn)

\_, that (I) (we) last 19 60, and that death occurred at 35 M. Mam the causes and on the date stated above.

22a SIGNATURE

Certon Mune Aul I

ATTENDING PHYS. M.D. 22d. ADDRESS

STAFF PHYS. DIRECTOR

22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

REMOYAL (Specify)

CARLTON BRINSFIELD 230. BURIAL, CREMATION, 236. DATE THEREOF

Day,

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Buria 22-60 24. FUNERAL DIRECTOR'S SIGNATURE

Sunset

25g. REC'D BY REGISTRAR

Park

256. REGISTRAR'S SIGNATURE

BALTIMORE AVE., CUMBERLAND, MD.

James F. Scarpelli

Cumberland . "d.

DATEJUL 2 2 '60

arthur S. Kraus

certificate ATTENDING PHYSICIAN: he After this haspital detached TO FUNERAL DIRECTOR: þe 3 shauld page . VR A15 (4) 15M 9/59

directar,

funeral

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attending

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rs after death. Page

